CSAP Technical Report

14

Hispanic/Latino Evaluation Handbook

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Hispanic/Latino Evaluation Handbook

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CSAP Technical Report Series is designed to simplify research, programmatic, or evaluation findings of national interest on substance abuse-related topics. The reports aim to facilitate the transfer of prevention and intervention technology between and among researchers, administrators, policy makers, educators, and providers in the public and private sectors. This Technical Report was prepared by the division of Knowledge Development and Evaluation.

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The *Hispanic/Latino Evaluation Handbook* was prepared by the Division of Knowledge Development and Evaluation, Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention (SAMHSA/CSAP), and published by the Division of Community Education. The primary objective of this guide is to report on promising prevention evaluation approaches that are both culturally sensitive and cost-effective.

This guide was written by Richard C. Cervantes, Ph.D., and Cynthia M. Pratt Peña, M.A.

Publication of this guide is the result in large part of the persistent efforts of Eladio Pérez, former SAMHSA/CSAP Project Officer. His initial conceptualization of Hispanic/Latino program evaluation and his conviction regarding the value of integrating these ideas with existing prevention services fueled the development of this guide. The contents of this publication also reflect the combined efforts and direction of the High-Risk Youth Hispanic/Latino Cluster.

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Foreword

The *Hispanic/Latino Evaluation Handbook* is the latest addition to the ongoing series of technical reports from the Center for Substance Abuse Prevention (CSAP), part of the Substance Abuse and Mental Health Service Administration (SAMHSA), U.S. Department of Health and Human Services. This series provides practical information on developing and evaluating strategies for preventing substance abuse among youth at high risk for such behavior. Previous issues in the series have emphasized program development. The *Hispanic/Latino Evaluation Handbook* explores new ground by focusing on the evaluation of prevention strategies designed specifically for Hispanic/Latino communities.

The *Hispanic/Latino Evaluation Handbook* provides researchers and practitioners who work with Hispanic/Latino communities with guidelines for reviewing and selecting evaluation instruments developed and/or adapted for those populations. The *Handbook* also frames the general assumptions about Hispanic/Latino substance abuse that appear in the literature and outlines the basic concepts and principles for conducting culturally competent evaluations.

SAMHSA/CSAP has adapted a multiple risk and resiliency factor model to explain the complex and interrelated issues that predispose or protect young people from abusing alcohol and drugs. The *Handbook* examines risk and protective factors as they apply to Hispanic/Latino youth in three domains: the intrapersonal (e.g., psychological status, behavior, performance in school); the interpersonal (e.g., relationships with family and peers); and the extrapersonal (relationship with the community and culture). This organizational scheme facilitates instrument review and selection and fosters use of the *Handbook* as a ready reference.

Today, the field of substance abuse prevention is increasingly concerned about program impact. The human and social costs associated with substance abuse are enormous; service providers and researchers need proven assessment tools to gauge program effectiveness. The *Hispanic/Latino Evaluation Handbook* provides practical information, drawn from SAMHSA/CSAP Hispanic High-Risk Youth programs, to assist preventionists and evaluators in documenting, verifying, and quantifying program activities and outcome.

Demographers project that the Hispanic/Latino youth population will increase dramatically over the next two decades. While we think that the *Hispanic/Latino Evaluation Handbook* will serve as a useful resource to researchers and practitioners as they work with Hispanic/Latino youth and their families, we also hope that it will promote more research on substance abuse and related issues within the growing Hispanic/Latino population.

This guide was prepared prior to the retirement of Elaine Johnson, Ph.D., as director, Center for Substance Abuse Prevention.

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Introduction

Prevention program research and evaluation are perhaps some of the more challenging activities faced by health and human services professionals. The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP) has historically taken an important lead in ensuring that federally funded prevention efforts are well documented and designed in a way that allows for the evaluation of program impact. SAMHSA/CSAP has advocated for the importance of both *process* and *outcome* evaluation methods, particularly in programs targeting high-risk youth.

Clearly, one of the most pressing challenges for program evaluators is the ability to incorporate research design and instrumentation procedures that address cultural diversity (Orlandi 1992). This is particularly true for those researchers directing evaluation efforts for Hispanic High-Risk Youth demonstration grant programs.

This *Hispanic/Latino Evaluation Handbook* and the information provided within are the result of the ideas and recommendations made by the SAMHSA/CSAP Hispanic Evaluators Workgroup meeting held December 9–10, 1992, in Washington, D.C. The recommendations of the workgroup were articulated around three basic issues, including 1) the need for a review and synthesis of existing and available research and evaluation tools for Hispanic/Latino prevention programs; 2) an examination of current evaluation practices among SAMHSA/CSAP Hispanic High-Risk Youth programs, with a special interest on cultural competency in evaluation; and 3) the need for a quick reference guide listing available evaluation measures for use in prevention programs.

The logic of the development of this handbook has been taken from the recommendations of the Hispanic/Latino Evaluators Workgroup. The authors have first provided a discussion of the basic elements required of any rigorous evaluation study. In connection with this, the risk/protective factor theoretical framework that drives many current substance abuse prevention programs is also discussed. Following this general discussion is a brief review of the current status of substance abuse patterns found in the Hispanic/Latino community including data from recent epidemiology studies. All of the information above has been presented in a way that may be useful for prevention programmers as well as evaluators as they begin to conceptualize substance abuse programs for Hispanic/Latino youth.

The authors have also followed the recommendations of the SAMHSA/CSAP Hispanic/Latino Evaluators Workgroup in providing a comprehensive survey and description of instruments that have been previously used in prevention studies of Hispanic/Latino youth. In this section of the handbook, the reader will find a description of each instrument including information about available psychometric data for Hispanic/Latino youth. This section of the handbook is written in a more technical fashion and is likely to be most useful to evaluators and researchers. In addition, the authors have augmented this overview of instruments by including information about current evaluation practices used in SAMHSA/CSAP funded High-Risk Youth programs where the target group is largely composed of Hispanic/Latino youth. This survey data also provides information regarding factors associated with cultural competency in the evaluation process and includes the perceptions of evaluators as well as program directors. Some general recommendations regarding cultural competency in evaluation have been presented in this section of the handbook.

Finally, the reader will find in the appendix a comprehensive "instrument matrix" that provides abbreviated information on the instruments detailed in the compendium section. This table is a quick guide to the identification and selection of relevant instruments for any particular program. The table provides the source or author of the instrument as well as related studies. The authors have developed the instrument table to be useful for evaluation experts as well as prevention program staff.

In efforts to improve evaluation practices by Hispanic High-Risk Youth project evaluators, as well as to provide information that will be useful to prevention programmers, this *Hispanic/Latino Evaluation Handbook* is organized into five distinct sections. Specifically, this handbook will cover the following areas related to improving evaluation efforts for Hispanic/Latino High-Risk Youth projects:

- Provide a concise overview of evaluation theory and problems of substance abuse in the Hispanic/Latino community.
- Provide a comprehensive compendium of evaluation instruments currently or previously used with Hispanic/Latino populations.
- Report on a survey of successful evaluation approaches found among current SAMHSA/CSAP Hispanic High-Risk Youth programs.
- Offer a set of guidelines and recommendations for use by evaluators and researchers involved in evaluation activities for Hispanic High-Risk Youth programs.
- Provide a ready-to-use instrument matrix of the evaluation instruments included in the compendium.

Background Information

Demographics of Hispanics/Latinos

The projected growth of the Hispanic/Latino population exceeds that of any other ethnic group in the United States. Currently, Hispanics/Latinos number approximately 22 million, representing 9 percent of the total population (U.S. Bureau of the Census 1990). The persons in this heterogeneous group have some traits in common, although distinctions exist among subgroups. Many Mexican Americans, Cubans, Puerto Ricans, and Central and South Americans share a basic "Hispanic" cultural heritage (language, religion, personal and family beliefs, and attitudes). At the same time, these groups differ on historical, political, economic, and immigration factors. Mexican Americans, the largest Hispanic group, account for 60 percent of the population; Puerto Ricans, 12 percent; Cubans, 5 percent; and a rapidly growing group of "Other Hispanics" (Central and South Americans), 22 percent (Chapa and Valencia 1993).

The majority of Hispanics are concentrated in the Southwestern States of California, Texas, New Mexico, Arizona, and Colorado. Puerto Ricans are concentrated in the Northeastern region of the United States, while Cubans are concentrated in the Southeast. Two-thirds (67 percent) of Hispanics live in highly urbanized metropolitan areas such as Southern California, New York, New Jersey, and Miami (Chapa and Valencia 1993).

In addition to their rapidly growing numbers, Hispanics are a young group, with a median age of 26 compared with 33.5 for all other groups. Mexican Americans are the youngest (median age 24.1) and Cubans the oldest (39.1). Population projections estimate that the group under age 17 will triple by 2020, when Hispanic youth will make up 25 percent of all youth in the country. These estimates have important implications for health care policy, including substance abuse prevention programs, targeting Hispanic/Latino communities.

Considerations regarding health policy must also address the economic and educational status of this youthful, rapidly growing group of persons. Educational reports indicate that Hispanics are significantly underrepresented at many educational levels. Their educational attainment lags far behind that of non-Hispanics. Only one in two Hispanics completes high school, compared with four out of five non-Hispanics; less than 9 percent complete 4-year degrees, compared with 22 percent of non-Hispanics. Different completion rates also exist within the Hispanic group itself. Fewer youth of Mexican origin (5 percent) than Cuban origin (20 percent) complete college (Amaro et al. 1996).

One in four Hispanics lives in poverty. The annual average family income for White non-Hispanics is $29,400, almost twice that of Hispanics ($15,800); per capita income is considerably lower for Hispanics given the larger average family size. A startling number of Hispanic children (37.6 percent) live below the poverty level; among non-Hispanic children the rate is 17.3 percent. A significant contributor to impoverished conditions of Hispanic families is the high proportion of female-headed households among Puerto Ricans (38.9 percent), Mexican Americans (19.6 percent), and Cubans (18.9 percent) (Chapa and Valencia 1993).

Hispanics/Latinos and Substance Abuse

If one considers demographic characteristics alone, many Hispanic/Latino youth can be considered at high risk for alcohol- and drug-related problems. The rapid growth of the Hispanic/Latino youth population over the next two decades and the multiple antecedent risk factors clearly suggest that substance abuse prevention must be a leading priority in Hispanic/Latino communities. Despite the paucity of research and information on prevention available for Hispanics/Latinos, researchers have documented the incidence and prevalence of alcohol and drug use among Hispanic youth. In a review of data from the National Household Survey on Drug Abuse for the years 1985 through 1995, one finds a fluctuation in illicit drug use among Hispanics aged 12–17 (SAMHSA 1996). In 1985, 8.0 percent of Hispanic youth surveyed reported illicit drug use in the past month. The lowest rate of illicit drug use in the past month among Hispanic youth was found in 1990 with reported use of only 4.6 percent. Since that time there has been a progressive increase in the reported use of illicit drugs among Hispanics with a highest rate of 9.4 percent reported in 1995.

SAMHSA (1996) reported no significant changes in the rates of illicit drug use for any racial/ethnic group between 1994 and 1995. For Hispanic youth aged 12–17 there was a change in the reported 1-month prevalence of marijuana use from 6.4 percent in 1994 to 9.3 percent in 1995. The 1-month prevalence rate of cocaine use among Hispanic youth aged 12–17 changed from 0.7 percent in 1994 to 0.8 percent in 1995. The reported 1-month prevalence rate of alcohol use among Hispanic youth changed from 18.3 percent of the population in 1994 to 18.7 percent of the population in 1995. The prevalence rate of "binge" alcohol use among Hispanic youth aged 12–17 changed from 4.8 percent in 1994 to 7.4 percent in 1995. All of the figures presented above for 1994–95 are based on stratified sampling procedures using figures from the 1990 census.

The *Hispanic Health and Nutrition Examination Survey* (HHANES 1985) suggests that the use of illicit substances varies considerably among various Hispanic subgroups. Puerto Rican young adults reported much higher lifetime rates of cocaine use than did Mexican Americans and Cubans. Mexican Americans and Puerto Ricans had higher rates of marijuana and sedative use than Cubans.

Mexican-American youth were also twice as likely to be currently using marijuana. Similar patterns of substance use have been reported more recently in various Southwest communities by Chavez and colleagues (1986). A characteristic drinking pattern of heavy (drinking to intoxication) and frequent drinking has been observed in young Mexican-American men and women. The authors state that this pattern seems to be related to Hispanic/Latino acculturation trends (Cervantes et al. 1990–91).

The most recent data from the National Household Survey on Drug Abuse (U.S. Department of Health and Human Services [DHHS] 1994) describes the perceived availability and risk of harm of using drugs by a large, randomly selected sample of persons representative of the national population who were surveyed in 1992. This national survey confirms the relationship between attitudes and beliefs about drugs and drug use. Higher rates of drug use are associated with those who report high perceived availability and low risk of using drugs. Respondents were surveyed regarding a variety of illicit drugs such as marijuana, cocaine, LSD, PCP, and heroin. Regarding perceived availability, the overall population reporting that marijuana was "easy to get" was lower in 1992 (59 percent) when compared with 1991 (62 percent). Fewer also reported that cocaine was easy to get (40 percent vs. 44 percent) in the same time period. The perceived availability of drugs was little changed with regard to LSD, PCP, and heroin. When broken down by ethnicity, the percentage of Blacks reporting that drugs were easily available was consistently higher when compared with Whites and Hispanics. The percentage of Hispanics perceiving drugs to be available was usually the lowest of the three ethnic group percentages. Marijuana was perceived as easily available by more than half of the respondents in each of the ethnic groups (64 percent for Blacks, 59 percent for Whites, 54 percent for Hispanics). Blacks also perceived LSD to be more available (30 percent) when compared with Whites (24 percent) and Hispanics (25 percent). Larger proportions in each group perceived cocaine or crack to be easily available (59 percent Blacks, 40 percent Hispanics, 38 percent Whites). Heroin was perceived as easily available by 39 percent of Black respondents, 28 percent of Hispanics, and 25 percent of Whites. Overall, the percent of those reporting that drugs were easy to get was highest in younger age groups (18–25 and 26–34), which also have higher rates of drug use.

This survey also asked respondents to report the level of risk they perceived with a list of drug use activities such as "smoking marijuana occasionally," "trying cocaine once or twice," "trying heroin once or twice," and "smoking more than a pack of cigarettes per day." Fewer people perceived smoking marijuana as risky in 1992 (45 percent) compared with 1988 (50 percent). The same trend is observed with cocaine use, 68 percent and 71 percent in 1992 and 1988, respectively. Little change was seen with regard to heroine use and cigarette smoking. Whites had the lowest percentage (42 percent) reporting great risk associated with marijuana use (55 percent Blacks, 59 percent Hispanics). A slightly different trend was reported for cocaine use (Whites 67 percent, Blacks 76 percent, and Hispanics 72 percent) and for cigarette smoking (Whites 63 percent, Blacks 64 percent, and Hispanics 73 percent) (DHHS 1994).

Data from the 1992–93 Monitoring the Future Study reveal important patterns of drug use among Latino youth. Among eighth-grade students, Latinos have the highest prevalence for the use of marijuana, hallucinogens, LSD, cocaine, and tranquilizers. It appears that Latino youth initiate drug use earlier than other ethnic groups. Latino youth also appear to show higher rates of use of dangerous drugs, such as heroin, crack, and cocaine. Concerning alcohol use, Latinos show a high prevalence rate similar to White non-Latinos, which is higher than the prevalence rate for Black youth (Johnston et al. 1994).

Existing research provides us with an idea about the extent of alcohol- and drug-related problems experienced in the Hispanic/Latino community. Although substance use research among adolescents has been growing, it is with inherent methodologic limitations. These studies do, however, point to the urgent need for effective substance abuse prevention efforts targeting Hispanic/Latino youth.

To gain a comprehensive understanding of substance abuse issues facing youth generally, SAMHSA/CSAP and others (Bry et al. 1982; Maddahain et al. 1985) have presented a multiple risk factor model that involves three levels of risk and resiliency factors: intrapersonal (within the individual), interpersonal (between individuals), and extrapersonal (between the individual and the larger social environment). In addition, the National Institute on Drug Abuse (NIDA 1987) has recommended that substance abuse prevention programs for high-risk communities be developed, guided by research that has examined the antecedent factors that either enhance resiliency factors or inhibit the risk for alcohol and drug use, misuse, and abuse. A number of studies have examined the relationship between risk or resiliency factors and alcohol and drug use among youth in the general population. Fewer studies have focused specifically on Hispanic/Latino youth; however, several assumptions regarding each level (or domain) identified in the multiple risk factor model can be made.

Intrapersonal Domain

The intrapersonal domain can be viewed as including personal risk or resiliency factors. Behaviors across a variety of environments are relevant to measuring and evaluating this domain. Conduct disorders and childhood antisocial behaviors are strongly correlated with alcohol and drug use among both Hispanic and non-Hispanic youth (Jessor and Jessor 1978; Watts and Wright 1990). Antisocial behavior in early adolescence has been associated with later substance abuse, which is in turn related to subsequent delinquent behavior (Watts and Wright 1990). Specifically pertinent to Hispanics is the increase in gang-related delinquency (Morales 1992), although few empirical studies have documented the gang–drug connection. In one recent study of incarcerated gang members, substance abuse was reported to have increased significantly following gang affiliation. In addition, polysubstance use was strongly correlated with exposure to traumatic violence among these adolescent gang members (Hoffer and Cervantes 1992).

Any program targeting Hispanic/Latino youth and substance use-related problems should also assess performance in the school environment, which is an important aspect of individual functioning. Substance abuse is strongly correlated with school dropout rates and poor academic performance among Hispanics/Latinos. Generally, dropout rates are higher for Hispanic youth than for other ethnic and racial groups. Hispanic educational attainment remains significantly low, making this group the least educated major population in the United States. This group also has the highest and earliest dropout rates (Chapa and Valencia 1993).

Interpersonal Domain

Family dynamics are an important component of interpersonal risk and resiliency factors. Strong family support has been considered a protective factor against substance use among Hispanic/Latino youth. On the other hand, family stress and cultural conflict can result in behavioral problems related to substance use among these youth (Santisteban and Szapocznik 1982). Dysfunctional families place youth at risk for substance use by destroying a much-needed support system (Gregory and Gilbert 1989). Family stress and cultural conflict tend to be the strongest predictors of depression, anxiety, and somatic problems among both American-born and immigrant Hispanics (Cervantes et al. 1991). In many Hispanic families, children are able to acculturate to American values and norms at a more rapid pace than parents, placing added strains on family relationships because of the resulting intergenerational conflict (Santisteban and Szapocznik 1982). In addition, parental substance abuse has been identified as a significant predictor of children's substance use in a study of Mexican Americans (Oetting and Beauvais 1987).

Peer influence is equally important in assessing risk or resiliency factors in the interpersonal domain. In the general population, a strong relationship exists among peer influence, deviant behavior, and substance abuse (Elliot et al. 1985; Simons et al. 1988). Mexican-American youth who affiliate with delinquent peers are more likely to engage in substance use, while those with more "conventional" peers show a lower tendency to engage in substance use (Oetting and Beauvais 1987). Gang-affiliated Hispanic youth show an increase in substance use and violent behavior (Cervantes 1992).

Extrapersonal Domain

The extrapersonal domain includes factors affecting relationships between the individual and the community and culture. This domain involves the assessment of factors related to the sociodemographic status of Hispanic/Latino youth and their experiences with the larger society. Community needs, expectations, social support systems, and patterns of substance use are influenced by acculturation level (Casas 1992; Cervantes et al. 1990; Padilla and Salgado de Snyder 1992). Acculturation and stressors accompanying this process have been linked to substance-related problem behavior (Santisteban and Szapocznik 1982). Intergenerational conflicts regarding the acceptance or rejection of cultural normative rules may contribute to family disruption, possibly placing Hispanic/Latino youth at higher risk for alcohol and drug problems.

General Assumptions About Substance Abuse Among Hispanics/Latinos

Lack of Prevention Programs for Hispanic/Latino Youth

Prior to SAMHSA/CSAP's substance abuse prevention initiatives, few prevention programs targeting high-risk Hispanic/Latino youth existed. Development of effective, community-based alcohol- and drug-use prevention and early intervention programs for Hispanic/Latino youth is severely hindered by inadequate research, evaluation procedures, money, and documentation of existing program models. Further, there has been a lack of culturally relevant and appropriate Hispanic-targeted programs. Information regarding the negative consequences of substance use is most useful when provided in a culturally and linguistically relevant fashion (Ames and Mora 1988).

Individual Risk/Resiliency Factors

As mentioned above, conduct disorders and childhood antisocial behaviors are strongly related to alcohol and drug use among Hispanic and non-Hispanic youth (Jessor and Jessor 1978; Watts and Wright 1990). Antisocial behavior in early adolescence is correlated with later substance use among both Hispanic and non-Hispanic youth. The converse is also true: Alcohol and drug use leads to delinquent behavior (Watts and Wright 1990). Gang-related delinquency and associated alcohol and drug use appear to be on the rise.

Alcohol and drug use is strongly correlated with school dropout rates and poor academic performance among Hispanics. Hispanic youth currently demonstrate higher rates of early school dropout than other ethnic and racial groups (Chapa and Valencia 1993). Hispanics who are dropouts have a higher incidence of alcohol and drug use than those who are high school graduates (De La Rosa et al. 1989). Hispanics remain the least educated major population subgroup in the United States, with the highest and earliest dropout rates.

Effective coping and social skills among youth serve an important protective role against substance use. The childhood personality of substance users has recently been described as insecure, lacking self-esteem, lacking coping abilities, and becoming immobilized under stress (Shelder and Block 1990; Thompson 1989; Workman and Beer 1989).

Parent and Family Risk or Resiliency Factors

The acculturation process and accompanying stressors in Hispanic families can result in family conflict and behavioral problems associated with alcohol and drug use among Hispanic youth. On the other hand, a strong sense of family support and unity has been found to be an important protective factor against alcohol and drug use among Hispanic youth (Santisteban and Szapocznik 1982). Recent studies have found family stress and cultural conflict to be the strongest predictors of depression, anxiety, and somatic problems among young adult Hispanics, both American-born and immigrants (Cervantes et al. 1990–91). Severe personal and emotional problems among youth, including gang involvement, alcohol and drug use, and school dropout, are related to family conflict among Hispanics (Hops et al. 1990).

Peer Group Risk or Resiliency Factors

The relationship among peer influence, deviant behavior, and alcohol and drug use has been widely documented (Elliot et al. 1985; Simons et al. 1988). Mexican-American youth who affiliate with delinquent peers are much more likely to be engaged in alcohol and drug use, while affiliation with a conventional peer group in school decreases the odds of alcohol and drug use among Mexican-American youth (Oetting and Beauvais 1987). Alcohol and drug use and violent behavior are excessively high among gang-affiliated Hispanic youth, particularly in impoverished urban areas (Cervantes 1992).

Environmental Risk or Resiliency Factors

Among Hispanics, low socioeconomic status has been correlated with the most serious forms of substance-abusing behavior (Fraser 1987). Hispanics, primarily children, are among the poorest Americans, with 37.6 percent of all Hispanic children living in poverty (Chapa and Valencia 1993). Racism, discrimination, and other forms of social resistance to the assimilation of Hispanics/Latinos create multiple barriers to their social and economic advancement. The resulting feelings of frustration, hopelessness, and confusion about one's own cultural identity are considered substance abuse risk factors.

Basic Evaluation Concepts

The accurate and comprehensive evaluation of any substance abuse prevention program cannot be overemphasized. Program changes, management decisions, funding allocations, and other decisions vital to the life and continuation of a program often rest on the results of program evaluations. Positive evaluation results from demonstration projects can lead to widespread application of proven prevention activities.

SAMHSA/CSAP has provided an evaluation checklist outlining necessary components for effective evaluation (CSAP 1993). The components include three major areas of evaluation: (1) management of evaluation, (2) process evaluation, and (3) outcome evaluation.

Management of Evaluation

A comprehensive evaluation program requires efficient management. Areas to be monitored include resources, management of time, division of responsibilities between project staff and the evaluator, and clear definition of roles for all individuals. Specific questions for evaluating this area include the following:

- Does the program budget include adequate resources for evaluation?
- Is the division of labor between project staff and the evaluator appropriate?
- Are the evaluator's qualifications and roles appropriate?
- Is the schedule for evaluation appropriate and reasonable?
- Is there a clear plan for regular meetings between the evaluator and project staff?
- Is the reporting schedule adequate for project monitoring purposes?

- Is the reporting schedule adequate for SAMHSA/CSAP's monitoring purposes?

Process Evaluation

Process evaluation attempts to provide information on program planning, development, and administration. This level of evaluation describes successes, failures, barriers, and the process by which the project is administered. Evaluating staff and interventions and providing feedback helps in assessing the day-to-day mechanism of the project. This information is valuable because it provides feedback that guides the program as the program evolves. The relative lack of experience in planning and implementing substance abuse prevention projects in Hispanic/Latino communities makes process data invaluable to projects that are still in their infancy (Casas 1992). Adequate process evaluation requires assessing program staffing, interventions, and documentation of the feedback process.

Program Staffing

- Are the staff and their qualifications appropriate for the project?
- Is staff training appropriate?

Interventions

- Is each intervention being described and evaluated?
- Do program participants receive an adequate "dose" of the intervention?

Feedback

- Are the program participants satisfied with the program?
- How has the community reacted to the program?
- What are the staff's perceptions about the interventions?

Outcome Evaluation

In contrast to process evaluation, outcome evaluation is primarily concerned with the effectiveness of a program. Outcome evaluation measures the attainment of program objectives as observed in measurable changes. That is, has the program effected the change in attitude or behavior that it set out to accomplish? Outcome evaluation addresses questions related to the scientific soundness of the evaluation plan.

- Are outcome questions clearly stated and do they relate clearly and logically to the project's objectives?
- Is the outcome evaluation design appropriate and valid?
- Is the community encouraged to participate in and approve of the evaluation design and instruments?
- Do control and comparison groups appear appropriate?
- Are attrition issues addressed?
- Are instruments appropriate? Are they valid for Hispanic/Latino groups? Are they measuring appropriate outcomes? Are they properly administered?

Conducting Culturally Competent Evaluation

Effective use of a risk-resiliency model in developing prevention programs for Hispanic/Latino youth depends heavily on understanding the role that culture plays in the development of alcohol and drug use, misuse, and abuse. Understanding cultural factors is not only important for developing effective prevention programs; it plays an equally critical role in evaluating such programs. The ability of substance abuse prevention program evaluators to incorporate cultural factors such as language, acculturation, family values, and community attitudes into evaluation designs has been termed "cultural competence" (Orlandi 1992). The use of culturally relevant instrumentation is an important component of culturally competent research and evaluation for Hispanics (Cervantes and Acosta 1992). Failure to consider important demographic, sociocultural, and psychological factors specific to Hispanic/Latino populations can result in inappropriate conclusions about the effectiveness of prevention programs.

Inaccurate conclusions regarding prevention programs can also result from limited evaluation skills, knowledge, or experience (Casas 1992). As substance abuse prevention efforts increase, many professionals may face the challenge of developing and evaluating culturally specific programs without fully understanding cultural issues or basic evaluation principles.

Orlandi (1992) and Casas (1992) have provided frameworks to enhance the level of cultural competence and basic evaluation competence for those involved in substance abuse prevention efforts. Both authors stress the need to foster a comprehensive understanding of target populations, particularly with regard to cultural characteristics, and to develop basic, rigorous, and appropriate evaluation procedures.

Hispanic/Latino High-Risk Youth Compendium of Instruments

The following compendium of instruments was developed as a result of the Hispanic Evaluators Workgroup meeting convened December 9–10, 1992, sponsored by SAMHSA/CSAP and coordinated by Dr. Judith De Jong. Following the recommendations developed at that meeting, exhaustive literature searches were conducted to identify instruments currently in use with Hispanic/Latino high-risk youth and those that had been used previously with this population. Using the Psychinfo and Medline databases, literature on these instruments was reviewed and summarized. Instruments were identified, along with relevant studies in which the instruments were used with various Hispanic/Latino subsamples.

The review of instruments is presented according to the domains discussed earlier: the intrapersonal domain (including personal and behavioral measures and those that assess intellectual and school performance); the interpersonal domain (including family and peer-related measures); and the extrapersonal domain (including instruments that assess cultural and community factors).

Intrapersonal Domain

Personal Factors

Instruments tapping the intrapersonal domain for Hispanic/Latino high-risk youth include measures for assessing the psychological status, behavioral difficulties, and cognitive or intellectual functioning. High-risk youth generally exhibit a range of factors related to alcohol and drug use; these factors may be manifested as behavior problems, other psychological problems, or lowered academic performance. Childhood antisocial behaviors are strongly correlated with alcohol and drug use among both Hispanic and non-Hispanic youth (Jessor and Jessor 1978; Watts and Wright 1990). Alcohol and drug use is considered a symptom of personal maladjustment, which can be assessed at an early age. Research into the childhood personalities of substance abusers has described them as insecure, without coping skills, and significantly affected by stress (Shelder and Block 1990). Good coping skills and psychosocial competence have also been identified as a potential resiliency factor. Heightened self-esteem and self-efficacy show an inverse relationship with drinking behavior (Tommasello et al. 1993). Assessing coexisting problems (in addition to alcohol and drug use) is also necessary because Hispanic youth show a collection of problem behaviors as a syndrome, rather than as isolated behaviors (Santisteban et al. 1993). Problems related to school and academic performance are strongly correlated with alcohol and drug use (*COSSMHO Reporter* 1992). Excessively high and early dropout rates in Hispanic/Latino communities place Hispanic/Latino youth at even greater risk for alcohol and drug use. In Hispanic High-Risk Youth programs, assessing intellectual and school-related behaviors is essential for accurate evaluations.

The National Institute of Mental Health's Center for Epidemiologic Studies Depression Scale for Adolescents (CES-D12)

The CES-D12 is a 12-item scale using items from the Center for Epidemiologic Studies Depression Scale (Radloff 1977), a commonly used measure of distress in adult samples. The scale assesses current level of depressed symptomatology such as depressed mood, guilt, worthlessness, feelings of helplessness, psychomotor retardation, loss of appetite, and sleep disturbances. The scale can be self-administered or used in an interview format. Responses are based on a time frame of the past week, where 0 = rarely or none of the time (less than 1 day); 1 = some or little of the time (1 or 2 days); 2 = much of the time (3 to 4 days); and 3 = most or all of the time (5 to 7 days). Scores range from 0 to 36; high scores indicate many symptoms of short duration or few symptoms of longer duration. The scale is more sensitive than specific, in that only a portion of those reporting high levels of symptomatology also meet criteria for depression.

Psychometric Properties for Hispanics/Latinos. Roberts (1992) represents the first attempt to examine the psychometric properties of the CES-D12 using culturally different groups. Data on 12- to 17-year-olds from the National Household Survey on Drug Abuse (NIDA 1985) was used in collecting a sample of 993 White Americans, 590 African Americans, 394 Mexican Americans, and 226 Other Hispanics. Internal consistency (Cronbach's alpha) varied from .64 to .70. For Mexican Americans the alpha was .70; for Other Hispanics the alpha coefficient was .67.

Studies on the validity of the CES-D12 are needed to examine the relationships between clinical indicators of depression and CES-D12 scores for Hispanic youth.

The Child Behavior Checklist (CBCL)

This instrument is administered to parents to obtain their report of a child's behavior (Achenbach and Edelbrock 1983). The checklist consists of 138 items, is written at a fifth-grade reading level, and can be self-administered or used in an interview setting. Items relate to social competence (20 items) and behavioral or emotional problems (118 items); one open-ended item asks parents to identify any physical problems without known medical cause, and another asks them to describe any "other problems." The closed-ended items are rated 0 if the item is "not true of the child," 1 if it is "somewhat or sometimes true," and 2 if it is "very true or often true." A Spanish version of the CBCL was developed by Achenbach.

Psychometric Properties for Hispanics/Latinos. Achenbach and colleagues (1990) took a sample of 724 Puerto Rican and 724 mainland children (approximately 80 percent White, 20 percent non-White) matched on socioeconomic status (SES) and rated them using the CBCL. No reliability coefficients were reported. Puerto Rican children were rated significantly higher than mainland children; lower SES children received the highest scores. A significant age effect reveals that younger children are rated higher on problem behaviors than older children. In addition, four items showed large cross-cultural effects: Puerto Ricans rated consistently and significantly higher on "too dependent," "secretive," "sulks a lot," and "too concerned with neatness or cleanliness." Mean scores for 118 problem items of the CBCL were computed separately for each group; correlations for individual items were then computed between groups ($r = .79$), suggesting moderately high conceptual equivalence of the CBCL. Research studies that examine the validity of CBCL subscales for Hispanic/Latino youth are needed.

Diagnostic Interview Schedule (DIS)—Diagnostic Interview Schedule for Children (DISC)

The DIS (Robbins et al. 1981) is a structured interview administered by trained lay interviewers. A computer program approximates psychiatric diagnosis according to the *Diagnostic and Statistical Manual of Mental Disorders–III* (DSM-III) criteria. The DISC (Costello et al. 1985) is the children's version of the DIS; it is based also on DSM-III child psychiatric disorders.

Psychometric Properties for Hispanics/Latinos. Interrater reliability ranges from .10 to .94 for the DISC; test-retest reliabilities for a short time interval (exact interval not given) averaged .88 (Costello 1989). No systematic studies of the DISC for Hispanic/Latino children were identified in the literature.

Golding and Lipton (1990) examined the relationship of depressive symptomatology to major depression diagnosis (as assessed by the DIS) in a sample of 1,244 Mexican Americans and 1,149 non-Hispanic Whites. No evidence was found to support the hypothesis that major depression was related to depressed mood as a function of ethnicity.

Gang Identification Scale

The Gang Identification Scale (Mancillas 1986) assesses the level of gang identification and involvement. The scale consists of eight items, most of which are scored on a five-point Likert scale. The scale was normed on 50 male and 50 female Mexican-American adolescents between the ages of 13 and 17.

Psychometric Properties for Hispanics/Latinos. Hoffer and Cervantes (1992) refined the items in the Gang Identification Scale using a sample of 80 Hispanic and Chicano active or former gang members from the Los Angeles area. The internal consistency reliability (Cronbach's alpha) was found to be .74 with this sample. With respect to validity, scores were found to correlate significantly with violence exposure and symptoms of post-traumatic stress disorder.

Health-Promoting Lifestyle Profile (HPLP)—Spanish Version

The HPLP (Walker et al. 1987) was initially designed to assess the health-promoting component of lifestyle. The instrument consists of 48 items measuring health behaviors in six dimensions: self-actualization, health responsibility, exercise, nutrition, interpersonal support, and stress management.

The Spanish translation preserves the intended meaning of the original items, although some words have been changed to broaden the instrument's use for Mexican Americans, Central Americans, and Puerto Ricans (Walker et al. 1990).

Psychometric Properties for Hispanics/Latinos. Walker and colleagues (1990) conducted a psychometric evaluation of the scale using 485 participants, the majority of whom were of Mexican descent, from basic adult education and English as a second language classes in a Midwestern State. The order of factors was identical to that of the English version, although a final factor was not as readily interpretable. The subscales were fairly independent, correlating below .32 with each other (except for interpersonal support and self-actualization, $r = .48$). Reliability for the total scale (Cronbach's alpha) was .94; individual subscale coefficients ranged from .70 for nutrition to .87 for self-actualization. Test-retest reliability for a 2-week interval was reported to be .87 for the total scale, with subscales ranging from .73 to .85.

The Hispanic Children's Stress Inventory (HCSI)

The HCSI (Padilla 1987) was developed using small semistructured interviews with 20 Hispanic children, providing a set of psychosocial stress items specific to this population. The scale consists of 24 items that represent both chronic stressors and discrete events and that appeared to be sensitive to various cultural experiences.

Psychometric Properties for Hispanics/Latinos. Using a sample of 242 (131 males, 111 females) first-generation Hispanic adolescents from three high schools and two junior high schools in the Los Angeles area, the internal consistency (Cronbach's alpha) for the HCSI was .92. In assessing the construct validity of the HCSI, the scale was found to correlate negatively with a measure of self-concept ($r = -.23$, $p < .001$). As self-concept decreased, HCSI scores increased, indicating greater perceived psychosocial stress. In addition, HCSI scores correlated significantly with a measure of anxiety.

Minnesota Multiphasic Personality Inventory (MMPI)—Adolescent Version

The MMPI is one of the most widely used personality assessment instruments. The inventory consists of 10 clinical scales (1-hypochondriasis, 2-depression, 3-hysteria, 4-psychopathic deviate, 5-masculinity/femininity, 6-paranoia, 7-psychasthenia, 8-schizophrenia, 9-hypomania, 0-social introversion) and 3 validity scales (L, F, K).

Psychometric Properties for Hispanics/Latinos. A number of studies have been conducted with a variety of adult Hispanic samples (primarily Mexican American). In a review of many studies, Velasquez (1984) found Mexican-American profiles to have consistent elevations on the depression, psychopathic deviance, and schizophrenia scales. Other studies examining differences in the English and Spanish translation of the MMPI found that bilinguals scored higher on the F, K, hypochondriasis, paranoia, and schizophrenia scales when readministered the inventory in English (Fuller and Maloney 1984). Padilla and colleagues (1982) addressed the issue of "false positives" regarding Mexican-American profiles and found that differences in acculturation, SES, and attitudinal variables were related to differential performance on the MMPI.

To date there have been no empirical investigations into the MMPI profiles of adolescent Hispanics/Latinos.

Piers-Harris Children's Self-Concept Scale

This 80-item self-report inventory measures child and adolescent self-concept. Self-concept is defined as a stable set of attitudes about oneself reflecting a description and evaluation of the child's own behavior and attributes (Piers 1984). The scale consists of six separate cluster subscales that assess strengths and weaknesses in problematic behavior, intellectual and school status, physical appearance and attributes, anxiety, popularity, and general feelings of happiness. Low total scores or subscale scores reflect low self-esteem.

A Spanish translation of the Piers-Harris has been successfully used with Hispanic populations (Piers 1984).

Psychometric Properties for Hispanics/Latinos. The Piers-Harris Children's Self-Concept Scale has been used with Hispanic samples (Piers 1984). The Spanish translation was used in a study of third- through sixth-grade Mexican-American children in Texas. Test-retest reliabilities for an 8-month period were .49, .57, .62, and .64 for grades 3 through 6, respectively.

Spanish Revised Behavior Problem Checklist (SRBPC)

The Spanish translation of the Revised Behavior Problem Checklist (RBPC) (Quay and Peterson 1987) is a parent report questionnaire that was developed using back translation and committee approaches. The 89 items of the checklist are grouped into six factor-analytically derived scales: conduct disorders, socialized aggression, attention problems/immaturity, anxiety/withdrawal, psychotic behavior, and motor excess.

Psychometric Properties for Hispanics/Latinos. In a study designed to evaluate the comparability of English and Spanish versions of the RBPC, Rio and colleagues (1989) used a sample of 77 children and 67 adolescents (all males, most of Cuban descent) who were also participating in other studies. School personnel referred the younger children to an outpatient psychotherapy program; adolescents were admitted to an outpatient treatment program for adolescent alcohol and drug users. The mothers of all the participants completed the checklist.

A high degree of comparability was noted in the factor structure of both versions of the instrument. However, the psychotic behavior scale was not replicated (psychotic children were excluded from the sample) and a small second conduct disorder factor reflecting poor peer relations emerged. The investigators suggest the SRBPC can be scored and interpreted as the RBPC, except for the psychotic behavior scale.

Thematic Apperception Test (TEMAS) for Urban Hispanic Children

TEMAS (Costantino 1978) is a projective technique consisting of 23 chromatic pictures that portray characters of Hispanic origin in relatively familiar activities. Each picture depicts interpersonal situations requiring the resolution of psychological conflict. Unlike traditional projective techniques, the TEMAS stimuli present structured, nonambiguous situations to facilitate fluency of the respondents. This format taps specific personality functions related to the situations portrayed in the pictures. Specific personality functions were included in the design of TEMAS: interpersonal relations, aggression, anxiety and depression, achievement motivation, ability to delay gratification, moral judgment, and reality testing.

Psychometric Properties for Hispanics/Latinos. A nonclinical sample of 73 (38 females, 35 males) Puerto Rican students from kindergarten through the sixth grade was recruited from public schools in New York City. A clinical sample (120 males, 90 females) was also gathered from New York City public schools, through referrals by teachers (grades K–3) who were participating in another study. Participants were administered a variety of criterion measures in addition to the TEMAS (Malgady et al. 1984). Interrater reliability was computed for every TEMAS index (personality functions and descriptive indices) using the short form of the TEMAS (9 pictures) on 27 randomly selected respondents from the nonclinical sample. Reliability was moderate to high (lower for thematic content) with mean correlations ranging from .33 to .96. Sexual identity reliability was the only nonsignificant correlation ($r = .33$). Specifically, interrater reliability for the personality functions ranged from .33 to .75. Internal consistency reliability was reported for both samples using 23 stimuli for the nonclinical sample, 9 for the clinical sample. Reported alpha coefficients were moderate to high, ranging from .45 to .98 for the nonclinical sample and .30 to .92 for the clinical sample.

Concurrent validity was estimated using the clinical sample ($n = 210$) and criterion measures that were regressed on the complete TEMAS profile; estimates ranged from $r = .32$ to $r = .51$. Predictive validity was also examined by using the profiles to predict posttherapy outcomes. The TEMAS profiles predicted 6 percent to 22 percent of the variance in criterion measures such as anxiety, achievement motivation, self-concept, and reality testing.

School Factors

Assessment of school functioning is important in any program targeting Hispanic/Latino youth. With low educational attainment in most Hispanic/Latino communities, Hispanics/Latinos have excessively high dropout rates compared with other ethnic groups, placing them at even greater risk for using alcohol, tobacco, and drugs. School failure and school-related problems have been associated with substance use in a number of studies (Jessor and Jessor 1977; Kandel et al. 1978; Maddahain et al. 1985). Substance use is strongly correlated with dropout rates and poor academic performance among Hispanics. As youth become less involved in supportive structures such as school, they are at higher risk for developing an array of problems, including alcohol and drug use (Cervantes 1993). Evaluating the educational support received by these at-risk youth is equally important.

Behavior Rating Profile (BRP)

Considered a measure of in-school adaptive behavior (as rated by a teacher), the BRP (Brown and Hammill 1978) was designed to identify children's behavior problems. The teacher form includes 30 descriptive phrases on a four-point scale ranging from "very much like the student" (0) to "not at all like the student" (3). Scores range from 0 to 90, with higher scores indicating less problematic behavior.

Psychometric Properties for Hispanics/Latinos. Using a sample of 283 7-year-olds from an urban school district in New York City (145 males and 138 females) consisting of 56 Hispanics (29 males, 27 females), 114 Blacks (59 males, 55 females), and 113 Whites (57 males, 56 females), Keller (1986) examined the relationship between the BRP and Mercer's (1980) Teacher Questionnaire. Results suggest that the BRP is an index of social conformity to teacher expectations rather than a measure of adaptive behavior in school settings. The BRP appears to tap a narrow domain of problematic interpersonal skills and was not correlated with school functioning.

California Achievement Tests (CAT)

The California Achievement Tests measure basic educational skills such as reading, arithmetic, spelling, and language use. To date, no Spanish versions of these tests are available for use with Spanish-speaking children.

Psychometric Properties for Hispanics/Latinos. Powers and Jones (1984a) administered six subtests (reading vocabulary, reading comprehension, language mathematics, language expression, mathematic computation, and mathematics concepts and applications) of the CAT form C, levels 15 (fifth grade) and 17 (seventh grade) to a sample of 3,742 fifth graders (100 Black males, 125 Black females, 601 Hispanic males, 595 Hispanic females, 1,183 White males, and 1,138 White females) and 3,718 seventh graders (103 Black males, 112 Black females, 523 Hispanic males, 495 Hispanic females, 1,269 White males, and 1,216 White females) from an urban school district in the Southwest. Factor analysis reveals a similar general factor emerging across groups; eigenvalues and the proportion of variance accounted for by each factor were comparable across groups.

Cooperative Preschool Inventory (CPI)

The English version of the CPI (Caldwell 1970) is a 64-item, individually administered inventory designed to measure the achievement of 3- to 6-year-old children in four areas: personal-social responsiveness, associative vocabulary, concept activation–numerical, and concept activation–sensory. The Spanish edition (CPI-Spanish) (Caldwell 1974) is a direct translation of the English edition.

Psychometric Properties for Hispanics/Latinos. In a study assessing the psychometrics of both versions of the CPI (Powers and Medina 1984), 136 monolingual English-speaking and 126 monolingual Spanish-speaking 4-year-old pupils were administered the CPI and the Child Performance Scale. Internal consistency reliability (Cronbach's alpha) for the total scale was .92 (English version) and .90 (Spanish version); subscale alphas ranged from .70 to .82 and from .64 to .76 for English and Spanish, respectively. Test-retest reliability was reported as .75 for the English version and .69 for the Spanish version ($n = 162$) after a 7-month interval.

The Escala de Inteligencia Wechsler para Niños-Revisada (EIWN-R)

The EIWN-R (Wechsler 1982) was developed from an initial adaptation used with a predominantly Cuban-American sample of children. Like the English version, the test evaluates children's intellectual ability. The test consists of nine subtests making up verbal and performance components.

Psychometric Properties for Hispanics/Latinos. Prewitt Diaz and colleagues (1986) examined the reliability of the EIWN-R with a sample of 51 children (23 males, 28 females) from the central mountain region of Puerto Rico. Verbal subtests were more reliable (alphas ranged from .53 to .80) than were performance subtests (alphas ranged from .47 to .92). The internal consistency coefficient for the subtests was .92. On the subtests for which alpha coefficients were not appropriate (coding and digit span), test-retest coefficients were .70 and .78, respectively. Point biserial correlations reveal that most items were ordered from less to more difficult; however, some items required reevaluation for difficulty.

McCarthy Scales of Children's Abilities (MSCA)

The MSCA (McCarthy 1972) includes six scales that measure global intellectual functioning: verbal, perceptual-performance, quantitative, general cognition index, memory, and motor. A Spanish translation of the McCarthy scales also exists (McCarthy 1976).

Psychometric Properties for Hispanics/Latinos. The reliability of the English version of the MSCA has been well established with English-speaking Mexican-American children; coefficients range in the .80's and .90's (Valencia 1988). Another study examining the construct validity of the scale (Mishra 1981) used a sample of 186 White and 126 Mexican-American elementary-age children. Principal factor analysis revealed a similar factor structure between groups; coefficients of congruence were high and significant, suggesting factorial similarity. Some differences in the loading patterns did, however, emerge between groups.

Concurrent validity studies using 30 English-speaking and Spanish-speaking Puerto Ricans (Shellenberger and Lachterman 1979) found the more verbal subscales to be more correlated with the information and comprehension scales of the Wechsler Intelligence Scale for Children–Revised. Another study using a sample of 187 Mexican-American children between the ages of 3½ and 4 years old found correlations between the McCarthy subscales and the Cooperative Preschool Inventory to range from .46 to .77 (Shellenberger and Lachterman 1979).

Test-retest reliability was estimated for a 1-year interval with 42 English-speaking preschool Hispanic children. Stability coefficients ranged from .86 to .92 for the scales.

Peabody Picture Vocabulary Test–Revised (PPVT-R)—Test de Vocabulario en Imagenes Peabody

This measure of receptive vocabulary (Dunn and Dunn 1980) is appropriate for persons between 21 months and 18 years of age. The examiner presents four pictures, one of which the child is to identify as the best illustration of the word presented orally by the examiner. This test yields a mental age, a percentile rank, and a standard score. This revised version of the PPVT has been normed on a sample representative of the 1970 U.S. Census and stratified by sex, age, race, geographic region, and parents' occupations.

Psychometric Properties for Hispanics/Latinos. Bracken and Prasse (1981) compared the PPVT-R with the earlier version (PPVT) on a sample of 46 White, 44 Black, and 24 Hispanic students identified as educable mentally retarded from a large city school system in the Midwest. Results indicate both forms and totals to be acceptably equivalent, correlating significantly for all three ethnic groups. Neither version of the PPVT correlated with total IQ scores. Although placement IQs were similar for the total group, receptive vocabulary as measured by the PPVT-R was lower for Black and Hispanic students, suggesting discrepancies in racial-ethnic group test performance in the sample.

Fernandez and colleagues (1992) examined the comparability of language proficiency in bilingual and monolingual preschool children. A sample of 396 Hispanic children (67 percent Cuban) from age 3 years to 5 years 11 months were recruited in Miami and administered the English and Spanish versions of the test, consecutively. The sample studied had an overrepresentation of higher SES respondents and underrepresentation of lower SES respondents, compared with the norming samples for both tests. English vocabulary scores were found to be well below average for Spanish monolingual children, although Spanish vocabulary scores were in the average range. Bilingual children had significantly higher English scores even when SES was controlled; SES had no effect on Spanish scores. Additionally, these researchers found differences in the order of difficulty for this sample compared with the norm sample for the Spanish version.

Standard Progressive Matrices Test (SPM)

The SPM Test (Raven 1958) is considered a culture-reduced, nonverbal test of ability often used when cultural and linguistic factors prevent the use of other intellectual assessment measures. The test is perceptive and is presented as a design from which a part has been removed. The respondent identifies the task, applies a relationship, and selects one of several possible responses.

Psychometric Properties for Hispanics/Latinos. Powers and colleagues (1986) assessed the reliability of the SPM on a sample of 127 Hispanic (69 male, 58 female) and 103 White (53 males, 50 females) sixth-grade students from an urban school district in the Southwest. Reliability ranged from .61 to .74 for sets A through E, and total reliability was .87.

Strong-Campbell Interest Inventory (SCII)

The SCII (Campbell and Hansen 1981) is a vocational counseling instrument used by counselors. The instrument includes three sets of scales: six vocational personality types (realistic, investigative, artistic, social, enterprising, and conventional); 23 basic interest scales; and 162 occupational scales, which compare a person's interests to people in a wide range of occupations.

Psychometric Properties for Hispanics/Latinos. Using a translation of the SCII (Hansen and Fouad 1984), Fouad and colleagues (1984) administered both the English and Spanish translations of the SCII (using only the personality types) to 94 (55 female, 39 male) bilingual Hispanic high school students from California, New Mexico, and Washington State in order to determine the equivalence of both tests. Method factors produced a correlation of .79 between the two forms and reveal comparable factor structures; convergent validity was also found to be acceptable.

The Suinn Mathematics Anxiety Rating Scale for Hispanic Elementary School Students (MARS-E)

The MARS-E (Richardson and Suinn 1972) is a measure of mathematics anxiety for elementary-age students. The scale consists of 26 items reflecting the degree of anxiety experienced in a variety of math-related situations, in and out of a classroom setting. The item content includes responses to actual math problems and to math-related situations. For example, respondents are asked to note how stressful it may be to respond to a certain math item or how much anxiety they experience during a math exam. The respondent circles the rating on a five-point Likert scale from "not at all nervous" to "very, very nervous" for each of the situations presented.

Psychometric Properties for Hispanics/Latinos. Suinn and colleagues (1989) took a subsample of 105 Hispanic fourth-, fifth-, and sixth-grade students (51.1 percent female, 48.9 percent male) from Colorado and examined the reliability and validity of the MARS-E. Cronbach's alpha was .88; significant inverse correlations between MARS-E and the Stanford Achievement Test mathematics achievement scores emerged, although mean scores were not significantly different between Hispanics and a larger White sample.

Interpersonal Domain

Family Factors

Many high-risk youth are connected with a larger family system that exhibits similar problematic functioning. Shelder and Block (1990) found that frequent substance users had disruptive family histories and caregivers who were described as hostile and unsupportive. Although this finding is not specific to Hispanic/Latino families, similar effects of family disruption are likely. One study addressing Hispanic family dynamics noted a high incidence of disruption as a result of divorce, parental substance abuse, or illness (Arkin and Funkhouser 1990).

The importance placed on family relationships in Hispanic/Latino communities indicates the relevance of this domain in addressing risk factors and fostering resiliency factors for Hispanic/Latino at-risk youth. Hispanic family systems function as sources of identity, self-worth, and social support for their members (Cervantes 1993). Acculturation stress, which has been identified as a factor associated with alcohol and drug use in Cuban youth, sets the stage for intergenerational conflicts within the family system (Santisteban et al. 1993). Padilla and colleagues (1988) found that stress events involving family disruption were rated as more stressful than peer- or school-related stressors in a large sample of Mexican immigrant adolescents. Those youth experiencing high levels of psychological stress (mostly related to family unity disruption) had low self-esteem and high levels of anxiety.

Family Adaptability and Cohesion Evaluation Scale (FACES)

The theoretical foundation in the design of the FACES is the circumplex model of family behavior (Olson et al. 1982b). From this framework, three dimensions of family behavior have emerged to describe marital and family dynamics: family cohesion, adaptability, and communication. Each dimension has four levels: Orthogonal placement of the cohesion and adaptability dimensions into the circumplex model results in 14 possible types of marital and family systems. Balanced types are moderate on both cohesion and adaptability; midrange types are extreme on one dimension and moderate on the other; and extreme types are extreme on both dimensions (McCubbin and McCubbin 1991). The most recent revision is FACES III.

Psychometric Properties for Hispanics/Latinos. Testing on 464 non-Hispanic adults using factor analytic and reliability techniques reduced the original 90-item FACES to 50 items. Factor analysis identified 13 factors for cohesion and 9 factors for adaptability; the first 4 factors for each dimension accounted for 75 percent of the variance. Cronbach's alpha was .91 for cohesion and .80 for adaptability. Test-retest reliability after a 4- to 5-week interval using a sample of university and high school students (*n* = 124) was estimated at .83 for cohesion and .80 for adaptability.

While no psychometric data are available for Hispanic samples, members of the Hispanic Evaluators Workgroup have found that FACES II and FACES III provide good clinical information for Hispanic/Latino youth and families.

Family Environment Scale (FES)

The FES (Moos and Moos 1986) was developed to measure the family social environment of families from a variety of sociocultural and ethnic backgrounds. The questionnaire consists of 90 true-false items focusing on interpersonal growth emphasized in the family and the organizational structure of the family. Three domains of the family environment are represented by 10 subscales and sample behaviors from settings ranging from classroom to work environments. The FES measures several dimensions of family functioning including cohesion, expressiveness, and conflict. A personal growth/goal orientation dimension of the FES assesses independence, achievement orientation, moral or religious emphasis, intellectual-cultural orientation, and active recreational orientation. A systems maintenance and change dimension assesses family organization and control.

Two forms of the FES are used in research and clinical settings: The Real form (form R) is used to describe current family environments, while the Ideal form (form I) allows family members to describe their ideal or preferred family. Form I has been used to shape and guide family goals in therapy. The instrument can also be used to monitor families' progress in therapy.

The FES has been translated to Spanish. This version of the FES was developed and tested in Spain (Munet-Vilaro and Egan 1990).

Psychometric Properties for Hispanics/Latinos. The final 90 items that make up the questionnaire were selected from an initial 200-item pool. Selection was based on responses from 285 culturally diverse families. Internal consistencies for the subscales range from .64 to .79. Test-retest reliability (8-week interval) ranges from .68 to .86. Intercorrelations between subscales average .20. Normative data have also been collected on 1,067 respondents using form R.

The Spanish translation has been adapted to reflect Puerto Rican vocabulary and pilot tested on a separate sample of Puerto Rican families in the northwestern United States (Munet-Vilaro and Egan 1990). Internal consistency coefficients (Cronbach's alpha) were lower than those reported by Moos and Moos

(1986), ranging from .20 (independence) to .49 (active/recreation).

Family Pride Scale

The Family Pride Scale (Vega et al. 1993a) is a brief scale developed and used in a recent study of 6,760 Hispanic, Cuban, Black, non-Hispanic White, and Other boys. The purpose of this study was to examine risk factors for early adolescent alcohol and drug use. The scale is reported to measure the concept of *respeto* (family respect).

Psychometric Properties for Hispanics/Latinos. In a study using a sample of 1,843 boys and girls of Cuban descent from the greater Miami area, the Family Pride Scale was found to be internally consistent, with an alpha coefficient of .86. The scale was also found to correlate significantly with family cohesion ($r = .35, p < .001$) and family respect ($r = .44, p < .001$).

Hispanic Stress Inventory (HSI)

The HSI (Cervantes et al. 1991) is a culturally sensitive measure of psychosocial stress. It was designed to capture the breadth of stressors experienced by the Hispanic population. The factor analytic procedures in the design of the inventory have produced two versions of the HSI, one for American-born Hispanics and the other for Hispanic immigrants. The version for American-born Hispanics includes four stressor domains: occupational or economic stress, parental stress, marital stress, and cultural or family conflict. The immigrant version includes an additional immigrant stress domain, which captures stressful life events related to migratory experiences. The cultural or family conflict scale assesses conflict resulting from changes in traditional culture (acculturation, loss of traditional morals and norms) and problems within the family structure such as arguments, divorce, and family separation.

The original set of HSI items was also administered to a large sample of non-Hispanic White subjects. Factor analysis did not replicate any of the factors found in the large Hispanic sample, suggesting the test is culturally specific.

Psychometric Properties for Hispanics/Latinos. In establishing the construct and criterion validity of the HSI, researchers administered the inventory to 493 volunteers (305 immigrants, 188 American-born Hispanics) from the Los Angeles area, along with various criterion measures (Centers for Epidemiologic Studies Depression Scale, Symptom Checklist 90–Revised, Rosenberg Self-Esteem Inventory, and the Campbell Personal Competence Inventory). Pearson correlations between the HSI subscales and criterion measures were significant and in expected directions. The family or cultural conflict subscale was found to have the strongest correlations with the various mental health measures, both for immigrant and American-born subjects (Cervantes et al. 1991).

Test-retest reliability ($n = 35$) for a 2-week interval is reported for each subscale: family or cultural conflict, $r = .86$; immigration stress, $r = .80$; occupational or economic stress, $r = .79$; parental stress, $r = .73$; and marital stress, $r = .61$.

Salgado de Snyder and colleagues (1990) examined the effects of stressful events on generalized distress in a sample of Mexican Americans, White Americans, and Hispanic immigrants. Using the HSI as a measure of psychosocial stress, differences emerged between groups on stress related to cultural and generational conflict and the immigration process. Immigrant females experienced higher levels of cultural and family conflict than male immigrants. Central Americans reported more stress associated with immigration than did Mexican immigrants.

Parental Attitudes Toward Child-Rearing Questionnaire (PATCQ)

The PATCQ (Goldberg and Easterbrooks 1984) was translated to Spanish and back to English to ensure item equivalence. The questionnaire consists of 51 statements answered on a five-point agreement scale. Items represent four subscales: warmth, encouragement of independence, strictness, and aggravation.

Psychometric Properties for Hispanics/Latinos. The PATCQ was used in a study exploring the determinants of maternal childrearing attitudes in a sample of women receiving care at a large inner-city hospital predominantly serving lower income Black and Hispanic populations (Rauh et al. 1990). The sample consisted of 144 teenage mothers and 139 adult mothers who were interviewed in either English or Spanish 48 hours after delivery. The subscales were reported to have acceptable internal consistency (coefficients not reported). In this sample, strictness and anger subscales were highly correlated. Hispanics reported more negative childrearing attitudes than Blacks, but this difference was attributed to differences in language. Spanish-speaking Hispanic mothers reported more negative attitudes than did English-speaking Hispanic mothers. Ethnic differences disappeared when language was controlled for. Clearly, there is insufficient information available on the PATCQ for Hispanic samples, especially normal parent samples.

Parenting Stress Index (PSI)—Spanish Version

The PSI (Abidin 1990) is a 120-item questionnaire that assesses three sources of stress thought to contribute to problematic parenting styles or child behavior problems. Fifty-four items make up the parent domain, 47 make up the child domain, and 19 make up the life stress scale. This instrument has been established as reliable, valid, and clinically useful for the general population.

Psychometric Properties for Hispanics/Latinos. Using a sample of 223 Hispanic women, most recruited from Bellevue Hospital Center in New York City, Solis and Abidin (1991) established the reliability and validity of the Spanish version of the PSI. The index was translated into Spanish using the committee technique. It was then translated back into English to ensure the original intended meaning of the items. Ten bilingual subjects then completed the PSI in both Spanish and English. The Spanish version demonstrated strong item equivalence (total score, $r = .99$). Alpha coefficients for total stress, child domain, and parent domain in the Hispanic sample were .94, .88, and .92, respectively; the coefficients for the original White American sample were .95, .89, and .93, respectively. Reliability coefficients (Cronbach's alpha) for PSI subscales using the Hispanic samples range from .58 to .94, with most in the high .70's.

Factor analytic procedures conducted with the Spanish version of the PSI resulted in a three-factor solution predicting 64 percent of the variance. The parent factor and the child factor were similar to those in the original White sample, but the factor solution for the Hispanic sample also included a parent-child interaction factor. By comparing 23 children identified as disabled (mentally or physically) with 200 nonlabeled children, the investigators demonstrated the discriminant criterion validity of the instrument. Parents of disabled children reported higher levels of stress, similar to studies using White American samples.

Peer Factors

The relationship among peer influence, deviant behavior, and substance use has been widely documented in the general population (Elliot et al. 1985; Simons et al. 1988) as well as with Hispanic youth. Oetting and Beauvais (1987) found that Mexican-American youth who affiliated with delinquent peers were much more likely to engage in illicit drug use. Those youth who affiliated with more conventional peer groups were less likely to use drugs. In addition, gang-affiliated youth reported significant increases in drug use and violent behavior following gang affiliation (Hoffer and Cervantes 1992).

American Drug/Alcohol Survey–Peer Relationship Subscale

The Peer Relationship Subscale is part of the larger American Drug/Alcohol Survey. This subscale includes items related to peer use of alcohol and drugs as well as peer attitudes and sanctions regarding these behaviors. In a large sample from rural (3,757 8th-grade students, 3,194 12th-grade students), semirural (4,178 8th-grade students, 5,293 12th-grade students), and nonrural (6,138 8th-grade students, 5,938 12th-grade students) communities, the Peer Relationship Subscale was found to have good predictive validity in terms of drug use. The subscale accounted for approximately 40 percent of the variance in drug use behaviors among Hispanic high-risk youth (Peters et al. 1992).

Gang Identification Scale

The Gang Identification Scale (Mancillas 1986) assesses the level of gang identification and involvement. The scale consists of eight items, most of which are scored on a five-point Likert scale. The scale was normed on 50 male and 50 female Mexican-American adolescents between the ages of 13 and 17.

Psychometric Properties for Hispanics/Latinos. Hoffer and Cervantes (1992) refined the items using a sample of 80 Hispanic and Chicano active or former gang members from the Los Angeles area; the internal consistency reliability (Cronbach's alpha) was found to be .74. With respect to validity, scores were found to correlate significantly with violence exposure and symptoms of post-traumatic stress disorder.

Gang Membership Inventory (GMI)

The GMI was specifically developed for use with high-risk youth (Pillen and Hoewing-Roberson 1992a). The inventory consists of 15 true-false items asking if the respondent or friends or family members have participated in gang activities in the past year. The activities are categorized as peripheral (gang activity occurring in the neighborhood), minor (making gang signs), or more serious (being an actual gang member, hurting a gang member in a fight). This instrument is written in both English and Spanish.

Psychometric Properties for Hispanics/Latinos. Pillen and Hoewing-Roberson (1992a) administered the GMI to 650 youth at two elementary schools (grades 5 through 8) in predominantly Hispanic neighborhoods. The ethnic breakdown for the sample was 40 percent Puerto Rican ancestry, 28 percent Mexican, 5 percent Mexican or Puerto Rican, 7 percent Other Hispanic, 16 percent African American, 2 percent non-Hispanic White, and 1 percent Other. The coefficient alpha was found to be .83 for the entire sample. Unfortunately, this study apparently did not include any criterion measure or indicator of true gang affiliation, and therefore little can be said about the validity of the GMI.

Extrapersonal Domain

Community and Cultural Factors

The influence of community and other systemic factors on the health and well-being of youth and families has become much better understood in recent years. Factors and conditions outside the family can have a powerful influence on decisions regarding substance abuse. SAMHSA/CSAP recognizes the importance of mobilizing many sectors of the community in substance abuse prevention efforts. Community conditions such as availability, media portrayal of alcohol and drugs, accessibility of health and prevention services, negative community attitudes about cultural differences, quality of education, and many other extrapersonal factors present challenges for prevention programs and evaluation efforts.

Recent research into community and cultural factors of distinct ethnic groups suggests that many of the stress events experienced by these individuals are related to the dynamic forces of conflicting cultures (Cervantes and Castro 1985; Cervantes et al. 1990). As a result, acculturation has been a topic of various social and psychological studies. Acculturation is generally seen as a process that includes changes in culturally sanctioned beliefs, attitudes, and behaviors. Individuals may even experience changes in self-identity. Many researchers agree that acculturation must be measured as part of any comprehensive study or evaluation of risk or resiliency factors for Hispanic/Latino youth. Problems related to acculturation have been linked to substance abuse-related behavioral problems (Santisteban and Szapocznik 1982) and may have different effects across different Hispanic subgroups (Kail 1993). Research on alcohol use by Hispanic young adults documents more frequent drinking among more acculturated men and women (Cervantes et al. 1990). In addition to influencing patterns of alcohol and drug abuse, acculturation also shapes the needs, expectations, and social support systems available to the Hispanic community (Casas 1992), which in turn influence successful prevention activities.

Acculturation Rating Scale for Mexican Americans (ARSMA)

The ARSMA (Cuellar et al. 1980) is an acculturation scale designed to measure self-identification with Mexican-American versus White American ethnicity by assessing a variety of behaviors. The scale provides a rating of low acculturation, biculturation, and high acculturation.

Psychometric Properties for Hispanics/Latinos. Malgady and colleagues (1990) used a 17-item version of the ARSMA to measure ethnic identification in a group of Puerto Rican eighth and ninth graders ($n = 90$) from a public school in Brooklyn, New York, who were participating in a study of culturally sensitive interventions. Pretest and posttest scores on the 17-item scale reveal significant mean differences between subsamples of the control and intervention groups. The instrument detected changes in ethnic identification.

Children's Hispanic Background Scale (CHBS)

The CHBS (Martinez et al. 1984) is a short, 30-item scale used to identify acculturation level in Hispanic children. Responses are made on a four-point Likert scale to a variety of items assessing exposure to Hispanic culture, preference for Mexican food, and language preference or use by the child and those around him or her.

Psychometric Properties for Hispanics/Latinos. A sample of 92 (52 females, 40 males) students from four public schools in Albuquerque, New Mexico, participated in a study to examine the psychometric properties of the CHBS. Test-retest reliability for an interval between 1 and 4 days was .92. Concurrent validity ($n = 52$, $r = .50, p < .001$) was established by using a bilingual classification scale from the respondents' schools. The CHBS was also administered to 18 White children. Group mean differences were significant, suggesting the scale's ability to discriminate between two culturally distinct groups.

Client Satisfaction Questionnaire (CSQ-8)

This checklist measure of satisfaction with services is a brief and systematic assessment tool that is suitable in a variety of service-providing settings (Roberts et al. 1983; Roberts et al. 1984). Responses are made on a four-point anchored scale without a neutral position.

Psychometric Properties for Hispanics/Latinos. Coefficient alphas ranged from .90 to .94 when administered to clients in centers providing mental health services. The CSQ-8 is reported to be independent of demographic factors such as education, income, marital status, age, social class, and previous treatment. Concurrent validity was demonstrated by correlating CSQ-8 scores with client self-ratings of global improvement ($r = .53, p < .001$) and estimates of how satisfied the therapist believed the clients to be ($r = .56, p < .01$).

Roberts and colleagues (1983) examined the characteristics of the scale using a sample of 42 Mexican Americans, 96 Other Hispanics, 361 Blacks, and 2,605 Whites. Their findings suggest that the scale operates similarly across these groups. Specifically, internal consistency ranged from .86 to .91 for all groups, with a slight tendency for the reliability to be higher for the Hispanic groups.

The Hispanic Stress Inventory (HSI)

The HSI (Cervantes et al. 1991) is a culturally appropriate measure of psychosocial stress, emphasizing stressor events external to the individual. The inventory includes four scales on the American-born version (occupational or economic, parental, marital, and cultural or family conflict), and the immigrant version includes an additional immigration stress scale.

The immigration stress subscale emphasizes difficulties experienced as a result of immigration (leaving family, friends, and one's home country) and problems of being an immigrant (avoiding places for fear of deportation, difficulty finding employment, lack of English skills). Problems of institutional and community racism are also tapped by this subscale.

Psychometric Properties for Hispanics/Latinos. The scales are internally consistent, with alpha coefficients ranging from .85 to .91 for the immigrant version and .85 to .90 for the American-born version. The validity of the scale has also been well documented (Cervantes et al. 1990).

For the immigration stress subscale, the researchers obtained an alpha coefficient of .85 and a 2-week test-retest reliability coefficient of .80. The immigration stress subscale was found to correlate significantly with measures of depression and somatization.

Latino Youth Acculturation Scale (LYAS)

This 23-item acculturation scale was designed specifically for youth (Pillen and Hoewing-Roberson 1992b). Item content covers language use (of parents, self, peers), media preferences (television and radio), food eaten, and cultural activities.

Psychometric Properties for Hispanics/Latinos. The LYAS was administered to Chicago elementary school students in grades 5 through 8. The sample consisted of 650 youth identified as being of Puerto Rican ancestry (40 percent), Mexican (28 percent), both Puerto Rican and Mexican, (5 percent), Other Hispanic (7 percent), African American (16 percent), non-Hispanic White (2 percent), and Other (1 percent). Factor analytic procedures reveal four factors: family identity, self or peer identity, customs, and food. Reliability coefficients (Cronbach alphas) for the subscales were .95, .89, .81, and .75, respectively.

The Multigroup Ethnic Identity Measure (MEIM)

The MEIM (Phinney 1992) is a 14-item questionnaire that assesses positive ethnic attitude and sense of belonging, ethnic identity achievement, and ethnic behaviors and practices. Items are rated on a four-point Likert scale from 'strongly agree' to 'strongly disagree.' Six additional items assess attitudes and orientations toward other groups to examine the respondent's social identity in a larger societal context.

Psychometric Properties for Hispanics/Latinos. Internal consistency and reliability (Cronbach's alpha) for the 14-item scale was found to be .81 with a sample of 417 students (182 males, 235 females) from an urban, ethnically diverse high school (ethnic breakdown not specified). In a college sample of 136 students (47 males, 89 females) the alpha coefficient was .90. The reliability for "other group orientation" was lower for both the college and high school samples, .71 and .74, respectively.

Factor analytic procedures reveal similar factor structures for both samples. The first factor includes all ethnic identity items; the second factor reflects "other group orientation." In the high school sample, the first factor accounts for 20 percent of the predicted variance, and the second factor accounts for an additional 9.1 percent of the variance; in the college sample the factors account for 30.8 percent and 11.4 percent of the predicted variance, respectively.

Short Acculturation Scale

This 12-item scale measures acculturation in Hispanic populations (Marin et al. 1987). Items cover a range of content, addressing language use, media preferences, and ethnic social relations. The scale has been translated to Spanish.

Psychometric Properties for Hispanics/Latinos. This acculturation scale was developed with a sample of 363 Hispanics (160 Mexican Americans, 21 Cuban Americans, 175 Other Hispanics, and 7 Puerto Ricans) and 228 non-Hispanic Whites. The 12 items included in the scale maintain parallel factor structure with Hispanics and non-Hispanics. The three factors are language, media, and ethnic social relations, respectively. Internal consistency coefficient for the total scale was reported as .92; the language factor (five items) had an alpha of .90; the media factor (three items) an alpha of .86; and the ethnic social relations factor (four items) an alpha of .78. The validity of the scale was assessed by correlating total scores with generation ($r = .65$, $p < .001$), length of residence in the United States ($r = .70$, $p < .001$), and the respondents' self-evaluation ($r = .76$, $p < .001$).

Tricultural Attitude Scale

The Tricultural Attitude Scale (Zirkel 1971) measures attitudes and knowledge regarding Puerto Rican, White American, and Black American cultures in children 6 to 14 years of age. The measure is designed for evaluating programs that propose to enhance ethnic identity and cross-cultural understanding among these three groups. Responses include a happy-to-sad continuum, and scores yield a cultural knowledge index.

Psychometric Properties for Hispanics/Latinos. Using a multiethnic sample of 330 elementary school children, split-half reliability coefficients ranged from .68 to .77. Test-retest reliability coefficients range from .52 to .61 (time interval not specified).

Telephone Survey: Methodology and Results

One of the primary goals in developing this handbook was to assess instruments and evaluation procedures that have actually been used in programs for high-risk Hispanic/Latino youth. While a host of research instruments have been used with Hispanic/Latino adults and youth, the review of the literature reflects the need for instruments specific to evaluating substance abuse prevention efforts.

SAMHSA/CSAP professional research staff and members of the Hispanic Evaluators Workgroup recommended that a survey be conducted of Hispanic High-Risk Youth programs to supplement the compendium of instruments. The objective of the survey was to obtain information from directors and evaluators on successful strategies for and barriers to implementing evaluation activities for Hispanic High-Risk Youth programs. Included was an assessment of existing and newly developed research tools being used by evaluators. The survey (reproduced in the appendix) was intended to assist in developing a set of guidelines and recommendations for evaluating prevention programs that target high-risk Hispanic/Latino youth.

Survey Methodology

Survey Respondents

The respondents to the survey were directors and evaluators of programs for high-risk Hispanic youth funded by the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention. Out of 23 fully operational programs, a total of 22 were contacted nationwide, including Puerto Rico.

Twenty-two directors (from a possible 23) and 18 evaluators (from a possible 24) completed the survey. The overall response rate was slightly above 85 percent for the total sample.

Survey Instrument

All study participants were administered the High-Risk Youth Evaluation Survey. This 64-item survey was constructed specifically for this study. The goal was to design an instrument that would provide information on a wide range of evaluation issues, including management of evaluation, process evaluation, outcome evaluation design, and relevance of the evaluation to the culture. Respondents were asked to rate the overall usefulness and success of evaluation efforts. Successful and innovative strategies and significant obstacles were also solicited.

The instrument was made available in Spanish; the English version was translated, using the committee method, by bilingual-bicultural research assistants trained in the social science field.

Procedure

Because of the small number of Hispanic High-Risk Youth programs in operation, a decision was made to administer the survey over the telephone to guarantee a higher rate of response. A list of ongoing Hispanic-oriented High-Risk Youth programs was provided by SAMHSA/CSAP staff. Before the directors and evaluators were contacted by telephone, a letter was mailed directly to the principal investigators of the programs to notify them of the survey and request their participation. Two weeks after letters were mailed, research assistants began contacting potential respondents to administer the survey. If time constraints prohibited administration of the survey, arrangements were made to conduct the survey at a time that was convenient for the respondent.

Directors were contacted first. Upon the director's completion of the survey, the evaluator was contacted and administered the same instrument. The telephone surveys lasted 30 minutes to 1 hour, and all but one were administered in English.

Survey Results

Management of Evaluation

Directors and evaluators were asked to respond to items that provided information on the effectiveness and efficiency of the evaluation component. Both directors and evaluators felt the evaluation component was "very much" to "extremely" important for their programs ($X = 3.65$, $SD = .91$; and $X = 3.61$, $SD = .59$, respectively). However, when responding to the overall usefulness of the evaluation information, directors reported the information to be only "somewhat" useful ($X = 2.60$, $SD = 1.05$) compared with evaluators, who described the information as "very" useful ($X = 3.17$, $SD = .70$). Directors also rated the effectiveness of evaluators as $X = 2.82$, $SD = .87$, while evaluators rated their own effectiveness slightly higher ($X = 3.33$, $SD = .66$). Overall, both directors and evaluators rated the overall success of evaluation efforts as "somewhat" successful ($X = 2.59$, $SD = .93$; and $X = 3.0$, $SD = .61$, respectively).

Involvement of program staff in evaluation activities was also assessed. Both directors and evaluators reported program staff members as being "very" involved in the evaluation of the program ($X = 2.91$, $SD = .97$; and $X = 3.27$, $SD = .65$, respectively). Directors of the majority of programs (55 percent) said they had an evaluation committee or advisory group, while 44 percent do not.

Process Evaluation

In an effort to assess the cultural responsiveness of each program, staffing patterns were examined in terms of sociocultural and demographic variables. Based on the self-reports of the directors, 23 percent classified themselves as White, 27 percent as Hispanic, 14 percent as Mexican American, 9 percent as Cuban, 18 percent as Puerto Rican, and 9 percent as Other. In sharp contrast, the self-reported ethnicity of the evaluators was 61 percent White, 11 percent Hispanic, 11 percent Cuban, and 17 percent Puerto Rican. A large number of directors (77 percent) reported being bilingual, speaking both English and Spanish. A smaller number (23 percent) spoke English only. An equal number of evaluators spoke English only (38 percent) or both

English and Spanish (38 percent), and 22 percent spoke English and another language (such as French or German).

Evaluators report that staff training on evaluation incorporated culturally specific topics "some of the time" (X = 2.52, SD = .60). In terms of the evaluation teams' familiarity with Hispanic/Latino cultural issues, on average, evaluators reported themselves or their teams to be "very to extremely" familiar (X = 3.29, SD = .82) with these issues. However, when directors were asked to respond to this same item, they perceived the evaluation teams as being only "somewhat to very" familiar with Hispanic/ Latino cultural issues (X = 2.72, SD = .94). When asked to rate the overall responsiveness of the evaluation methodology to Hispanic/Latino culture, on average directors perceived it as "somewhat to very" responsive (X = 2.86, SD = .99) while evaluators reported the methodology as being "very" responsive (X = 3.17, SD = .86).

In evaluating programs targeting distinct cultural groups, some important preliminary steps should be taken to ensure that the evaluation component is appropriate for the target population. Evaluators were asked to respond to items assessing the process evaluation component of their program. Evaluators for 67 percent of programs conducted an initial needs assessment of the target community, while 17 percent did not. A large proportion of the evaluators (83 percent) reported assessing the ethnic demographic makeup of the community before implementing evaluation activities, while 11 percent did not.

Process evaluation procedures should not only include the assessment of important demographic variables such as age, gender, reading level, and SES, but should also document other variables such as migration history, language preference, and generational level. In addition, it is important that process evaluation procedures include the documentation of interventions that are culturally specific to Hispanic/ Latino groups. Interventions that incorporate natural support systems, extended family, cultural identity, and other factors relevant to Hispanic/Latino high-risk youth should be carefully documented. Along these lines, evaluator responses to these process evaluation inquiries are presented in table 1.

For the programs surveyed, it can be seen that while most process evaluation procedures document basic demographic characteristics, only a small percentage of the programs formally assess important cultural variables such as migration history, extended family characteristics, and level of acculturation. Also of note is the small number of programs that assess the reading level of program participants (either youth or family members), even though low literacy (Spanish or English) remains a critical barrier to the evaluation of many programs. Seventy-one percent of the programs report experiencing problems in assessment procedures because of the low literacy of participants.

In assessing the "process" by which these programs are implemented, the demographic profile of the staff administering the program becomes important. As mentioned, based on the self-reports of directors, 23 percent classified themselves as White, 27 percent as Hispanic, 14 percent as Mexican American, 9 percent as Cuban, 18 percent as Puerto Rican, and 9 percent as Other. Thirty-two percent (7) of the directors are men and 68 percent (15) are women. Thirty-six percent hold bachelor's degrees, 41 percent master's degrees, and 23

Table 1

Demographic Variables Assessed by Hispanic High-Risk Youth Programs

VARIABLE	% OF PROGRAMS EVALUATING
Age	100
Gender	100
Nationality/Ethnicity	88
Family Dynamics	78
Language Preference	55
Acculturation	39
Extended Family	39
Generational Level	38
Migration History	33
Reading Level	22

percent hold doctoral degrees. The ethnicity of evaluators was reported as 61 percent White, 11 percent Hispanic, 11 percent Cuban, and 17 percent Puerto Rican. Of these evaluators, 50 percent (9) are women and 50 percent (9) are men. Most of the evaluators hold doctoral degrees (83 percent), with few holding lower level degrees (5 percent bachelor's and 11 percent master's).

Equally important to administering and evaluating the program is the amount of feedback provided by the evaluator, staff, and community. Directors reported an average of 2.16 (SD = 1.8) meetings per month with the evaluator and that an average of 1.26 (SD = 1.07) meetings with staff to receive feedback.

Also important in community-based programs is the amount of feedback provided by the community. Directors report that the community's ability to provide the program with feedback is either nonexistent or rare (X = 1.43, SD = .64) and that their level of trust in the program is quite low (X = 1.3, SD = .74).

Outcome Evaluation

The outcome evaluation is the principal method by which the effectiveness of high-risk youth programs is assessed. The objective of this component of the evaluation methodology is to measure observable changes in variables to be affected by program interventions.

As reported by evaluators, 78 percent of the programs included a comparison or control group design and 22 percent did not. Pretest and posttest designs were conducted by all the programs (100 percent). Repeated measures designs were conducted in 78 percent of the programs and were not in 22 percent. Case study and ethnographic designs were conducted by 39 percent of the programs, while 61 percent reported not including this design in the outcome evaluation.

As expected, all (100 percent) of the programs measure changes in substance-related knowledge, behavior, and involvement. A large number of programs (61 percent) identified self-esteem as the second most important variable assessed in the outcome evaluation. Academic performance and family dynamics were also assessed by 39 percent of the programs. Outcome variables measured and the instruments used by the programs surveyed are presented in table 2.

With respect to the validity of instruments used in evaluating the program, evaluators for 89 percent of the programs reported consulting experts on instrumentation while 11 percent did not; 83 percent conducted pilot tests of the instruments and 17 percent did not; 94 percent of the programs chose to design new instruments, using the target population to ensure their validity.

Evaluators reported conducting a variety of activities to ensure the reliability of the instruments used in the outcome evaluation. Internal consistency estimates were calculated by 30 percent of program evaluators; standardized assessment procedures were reported by 30 percent; test-retest reliability estimates (10 percent), split-half (5 percent), and factor analytical procedures (10 percent) were also performed. A few evaluators also reported consulting experts (5 percent) and administering measures of social desirability (5 percent) as reliability checks.

Program directors and evaluators were also asked to report innovative strategies employed in successful evaluations as well as barriers confronted in the course of the program. When asked to report specific successful strategies, responses from directors included appropriate instrumentation of outcome variables. This also involved modifying or developing instruments specific to the population being targeted. Rigorous evaluation design and analysis of the data collected ensured the successful evaluation of some programs. Along these lines, advanced computer systems were noted as vitally important. In terms of administering the program, using the ongoing evaluation to shape and modify the administration and goals of the program and regular site visits by administration were also reported as helpful.

Evaluators reported similar strategies in ensuring the successful evaluation of the programs with which they were working. Rigorous design (longitudinal design, comparison groups, and reliability analysis) and process evaluation methodologies were the strategies

Table 2

Outcome Variables Assessed by Hispanic High-Risk Youth Programs

OUTCOME	% OF PROGRAMS EVALUATING	INSTRUMENTS	LANGUAGE
Substance Abuse Reduction	100	Adolescent Drug Abuse Diagnosis	Eng & Sp
		Utah State School Survey	Eng Only
		Adolescent Alcohol Involvement Scale	Eng Only
		AODA Knowledge Test	Eng & Sp
		Michigan's Monitoring the Future Scale	Eng & Sp
		Basic Drug Information Questionnaire	Eng & Sp
		Chemical/Substance Abuse Survey	Eng & Sp
		Southwest Inhalant Abuse Questionnaire	Eng & Sp
		Personal Experiences Screening Questionnaire	Eng & Sp
		Logan Square Student Survey	
Self-Esteem	61	Culture Free Self-Esteem Inventory	Eng & Sp
		Rosenberg Self-Esteem Scale	Eng & Sp
		Multiattitude Screening Questionnaire	Eng & Sp
		Cooper-Smith Modification	Eng & Sp
		Piers-Harris Self-Concept Scale	Eng & Sp
		Cooper's Self-Esteem Scale	Eng & Sp
		Dept. Soc. Serv. Self-Concept Scale	Eng & Sp
		Index of Self-Esteem	Eng & Sp
Academic Performance	39	Gottfred's Effective School Battery	Eng Only
		School Environment Scale	Eng & Sp
		Career Aspirations Scale	
		California Social Competency Scale	Eng & Sp
		Denver Developmental Screening Test	
Family Dynamics	39	Structured Family Style	Eng & Sp
		Moos FES	Eng Only
		Project HiPath	Eng Only
		Niger's Family Resiliency Questionnaire	Eng Only
		Mother-Daughter Communication Scale	Eng & Sp
		Parent/Family Pride Scale	Eng & Sp
		Hispanic Pride Scale	Eng & Sp
		FACES II	Eng & Sp
		Conner's Teacher Rating Scale	Eng & Sp
		California Social Competency Scale	Eng & Sp
		Adult Adolescent Parenting Inventory	Eng & Sp
Behavior Problems/Peer Relations	28	Behavior Problem Checklist	Eng & Sp
		Target Behavioral Rating Scale	Eng Only
		Index of Peer Relations	Eng & Sp
		Revised Behavior Problem Checklist	Eng & Sp
		Level of School Discipline Form	Sp Only

continued on next page

Table 2 *continued*

OUTCOME	% OF PROGRAMS EVALUATING	INSTRUMENTS	LANGUAGE
Cultural Awareness/ Identification	22	Triethnic Research Center Questionnaire	Eng & Sp
Gang Membership/ Identification	17	Gang Membership Inventory Gang Component Questionnaire	Eng & Sp Eng & Sp
Communication Skills	17	Mother-Daughter Communication Scale	Eng & Sp
General Development & Psychopathology	17	DISC Healthy Character Development Scale CES-D	Eng & Sp Eng & Sp Eng & Sp
Peer Relations	11	Index of Peer Relations	Eng & Sp
Delinquency	11	Revised Behavior Problem Checklist Reynolds Adolescent Depression Scale	Eng Only Eng Only
Problem-Solving Skills	11	General Gains Scale	Eng & Sp

most frequently reported by evaluators. Also reported as important were presenting results to program staff and effective communication between the evaluation team and the program staff or agency.

When asked to report the barriers facing the evaluation of Hispanic High-Risk Youth programs, both directors and evaluators were consistent in their responses. Frequently mentioned obstacles included the limitations of instruments currently available for the target population, troublesome pretest and posttest implementation, a cumbersome and bureaucratic model of implementation, and high personnel turnover (either program staff or the evaluator or evaluation team).

Recommendations

The initial purpose of the *Hispanic/Latino Evaluation Handbook* was to provide evaluators with a resource for developing strategies for evaluating programs serving high-risk Hispanic youth. To this end, the authors have provided information from various sources, including an extensive review of the literature, a compendium of evaluation instruments, and results of a survey of SAMHSA/CSAP evaluators. Taken together, several conclusions can be drawn that point to a set of general guidelines and recommendations.

First and foremost, the results of this project suggest that only a small body of literature exists related to the evaluation and research of alcohol and drug use prevention among high-risk youth. There is significant literature on the epidemiology of alcohol and drug use among Hispanic/Latino youth, yet very little is known about antecedent risk and resiliency factors for this population. Results from several searches indicate that most research on Hispanic/Latino youth has been conducted in the area of intellectual and cognitive assessment—various intellectual and academic achievement tests have been used with Hispanic/Latino youth. A small but growing number of studies have examined behavioral problems and family dynamics among Hispanics/Latinos. Unfortunately, these research studies have been somewhat peripheral to substance abuse, although there is promise with regard to valid and reliable use in high-risk youth prevention programs. Overall, results from the literature search and from development of the compendium point to a critical need for more research on alcohol, tobacco, and related issues within the Hispanic/Latino population, specifically, among Hispanic/Latino youth.

One promising discovery made in the course of this project is that a variety of new and existing evaluation instruments are being used in the evaluation of SAMHSA/CSAP programs serving high-risk youth. The potential contribution to the literature by current evaluators is great. The ability to provide greater information on the validity and reliability of instruments in use will certainly enhance future evaluation efforts.

In view of the literature review, the compendium of instruments, and the survey of SAMHSA/CSAP evaluators, several recommendations can be made. These recommendations may serve as a set of general guidelines; however, it is important to recognize that there is no simple "formula" for evaluating any prevention program, especially those programs in which culture and language are prominent factors in the prevention effort.

1. At the time of the telephone survey, 39 percent of all evaluators of SAMHSA/CSAP high-risk programs nationwide were Hispanic/Latino. This is in sharp contrast to the 77 percent of directors who reported themselves as Hispanic/Latino. Efforts must be made on the part of grantees to seek and hire qualified bicultural and bilingual Hispanic/Latino evaluators and other evaluation staff. In the absence of well-qualified Hispanic/Latino evaluators, grantees should select an evaluation team with a track record in providing culturally competent evaluation services. Although only a small percentage of Hispanics/Latinos hold advanced degrees, efforts should be made to train and support Hispanic/Latino program staff who desire more involvement in evaluation activities. Supervisory staff can also encourage Hispanic/Latino line staff to receive the specialized evaluation training that is often offered at conferences and workshops sponsored by SAMHSA/CSAP.

   It is also critical that academicians involved in evaluating these programs develop course materials that are specific to community-based research and cultural factors as they relate to program evaluation.

2. Training on Hispanic/Latino cultural issues is important for both program staff and evaluation staff. Based on survey findings, training that specifically addresses cultural issues occurs only "some of the time." The importance of this type of training for Hispanic High-Risk Youth programs dictates that it should be occurring "most of the time." To the extent that the evaluation team is not qualified to conduct training on cultural issues, consultants with this expertise should be brought in to provide technical assistance. Training all staff on Hispanic/Latino cultural issues will help ensure culturally responsive evaluation design and implementation.

3. With respect to community sensitivity, grantees and evaluators must first understand the social and demographic characteristics of the population they will be targeting. Survey findings reveal that not all programs conducted initial needs assessments before implementing their programs. Existing census data reports or other local needs assessment information may be particularly useful for evaluators who do not reside in the vicinity of the project site. Such needs assessments do not have to involve new data collection efforts but should include information that assists in understanding the demographic and social characteristics of target communities.

4. Evaluators must recognize the tremendous heterogeneity that exists within the Hispanic/Latino population and must be sensitive to the dimensions of individual variability for each Hispanic/Latino program participant evaluated through the course of a program. With this sensitivity and awareness of individual variability, the evaluation team is better prepared to formulate a strategy for selecting the appropriate assessment tools and evaluation design. For example, if participants are first or second generation Hispanic/Latino, a rating scale could be used (e.g., Cuellar et al. 1980) to help specify the group level of acculturation. Such a scale would allow the evaluator

to determine which existing instruments would be culturally relevant for the program participant. This acculturation assessment would also be helpful for ascertaining the usefulness of program activities for distinct groups of participants based on cultural factors such as language preference and ethnic identity.

5. Along these lines, it is also important to assess nontraditional demographic characteristics of program participants once the program has been established. Having a thorough demographic assessment of the target group will help evaluators assess the overall effectiveness of programs. This is particularly true since a program may have different effects on different groups of people. An encouraging note is that all programs surveyed assessed age and gender; however, far fewer assessed such variables as ethnicity, migration history, language preference, generational level, reading level, or acculturation level.

6. Because language use is an inherently critical factor in assessing Hispanic/Latino program participants, the language use of program participants should be considered in all aspects of evaluating the program. For example, the evaluation team should make no assumptions about the degree of fluency, comprehension, and literacy that a bilingual Hispanic/Latino participant may have. These variables, as mentioned above, should be formally assessed. The evaluation of any program targeting Hispanic/Latino populations should include questions such as, "What is the language spoken in your home?" "What is the language that *you* now speak at home?" "What is the language you speak with your close friends?" "Do you feel more at ease speaking English or Spanish?" These questions will give the evaluation team information about language proficiency and preference. Beyond this, it goes without saying that in nearly all cases, translation of evaluation instruments will be necessary. A team approach to instrument translation as suggested by Brislin (1986) is strongly recommended.

7. To ensure culturally appropriate evaluation design, it is important to have an open flow of communication among program staff, community members, and evaluation staff. One successful approach noted in our findings is to use community advisory groups or evaluation committees to provide a link between program and evaluation.

   In addition, community members play an extremely important role and become a valuable resource to evaluation staff in designing and implementing evaluation activities. Their input is important in such tasks as developing appropriate instruments, helping establish rapport with participants, and collecting data. In return, they may receive training and experience that will be of later use.

8. Regarding the outcomes being measured by high-risk youth programs, it is noteworthy that all measure alcohol and drug use, knowledge, or attitudes. Equally positive is the large number of programs that also evaluate self-esteem and academic performance, as these factors have been identified in the literature as being related to alcohol and drug use in at-risk youth. The negative aspect of this finding is that not all programs are using relevant instruments. In addition, many are not assessing nontraditional variables of risk or resiliency. Factors such as family dysfunction, family substance abuse, low school performance, delinquent behavior, and gang membership consistently surface as risk factors for Hispanic/Latino high-risk youth; however, these factors are not consistently assessed. These variables should be incorporated into the outcome evaluation of all programs.

   A positive report from the evaluation survey is that program evaluation teams are involved in a variety of activities that ensure the validity and reliability of the instruments they use. A large percentage of programs consult experts, pilot test instruments, and design instruments within their own communities to ensure the validity of their assessment instruments. Activities to ensure the reliability of the instruments are less frequently conducted. Evaluators should attempt to achieve an acceptable level of scientific rigor in the evaluation design, including pretest and posttest designs, longitudinal designs, and use of comparison or control groups. In addition, evaluators should compute reliability estimates for the instruments they use and should attempt to standardize administration procedures as much as possible. Appropriate rigor should also be used when analyzing data.

9. It is important that evaluators and directors be involved in disseminating the information they obtain during the course of their program. This information is invaluable to others who are beginning their programs or facing obstacles in current programs. Evaluators, directors, and qualified staff are encouraged to present their findings formally and to submit them to professional journals.

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Appendix

High-Risk Youth Evaluation Survey

ID # ______________________________
Date ______________________________

Respondent's name ____________________________ Position ________________
Program name ____
Years remaining on the grant ________ Target population ________________________

MANAGEMENT OF EVALUATION

1. Overall, how important do you feel the evaluation component of this project is?
   1. not at all important 2. somewhat important 3. very important 4. extremely important

2. Overall, how useful has the evaluation information been to program staff?
   1. not at all useful 2. somewhat useful 3. very useful 4. extremely useful

3. Overall, how effective has the evaluator been in working with program staff?
   1. not at all effective 2. somewhat effective 3. very effective 4. extremely effective

4. Overall, how responsive to Hispanic culture has the evaluation component been?
   1. not at all responsive 2. somewhat responsive 3. very responsive 4. extremely responsive

5. Has the evaluation budget been adequate for this project?
   1. not at all adequate 2. somewhat adequate 3. very adequate 4. extremely adequate

6. Overall, how successful have evaluation efforts been?
   1. not at all successful 2. somewhat successful 3. very successful 4. extremely successful

7. Overall, how involved has staff been in the evaluation of the project?
   1. not at all involved 2. somewhat involved 3. very involved 4. extremely involved

Evaluator/Staff Responsibilities

8. Is there an evaluation committee or advisory group for this project? YES NO

9. Is the evaluator housed at the project site or at a separate office? ____________________

10. How many people are on the evaluation team? ______________________________

11. How familiar is the evaluation team with Hispanic cultural issues?
    1. not at all familiar 2. somewhat familiar 3. very familiar 4. extremely familiar

12. How much evaluation training has been culturally specific?

1. none of the training	2. some of the training	3. most of the training	4. all of the training

13. What are the evaluation team members' (except evaluator) qualifications (education, years of experience, languages spoken)?

a. ____

b. ____

c. ____

Evaluator/Director Qualifications

Evaluator:

14. Ethnicity ______________ 15. Gender __________ 16. Age ________

17. Level of education ______________ 18. Area ______________

19. Language(s) spoken ____________________________

Director:

20. Ethnicity ______________ 21. Gender __________ 22. Age ________

23. Level of education ______________ 24. Area ______________

25. Language(s) spoken ____________________________

26. How often does the evaluator meet with the director? ______________

27. How often does the evaluator present feedback to staff? ______________

28. What types of evaluation reports are prepared and how often are these prepared and submitted?

a.	________________	________________
b.	________________	________________
c.	________________	________________
d.	________________	________________

29. What have been the three most innovative or important strategies used for successful evaluation of the project?

a. ____

____

____

b. ____

____

____

c. ____

____

____

____

30. What have been the three biggest obstacles in conducting the evaluation?

____

____

____

31. How have these been resolved?

OBSTACLES	RESOLUTION
a. ________________ ________________	________________ ________________
b. ________________ ________________	________________ ________________
c. ________________ ________________	________________ ________________

32. How difficult was it to recruit the appropriate evaluation staff?

1. not at all difficult 2. somewhat difficult 3. very difficult 4. extremely difficult

33. Was an initial needs assessment conducted in your target community? YES NO

34. Did the project staff assess the ethnic makeup of the community? YES NO

35. What method was used?

____

____

____

Demographics

The following questions ask about the demographic characteristics of the target group. Briefly describe the target group:

____

____

Do you collect information on the following:

36. Age	YES	NO
37. Gender	YES	NO
38. Nationality/Ethnicity	YES	NO
39. Migration History	YES	NO
40. Language Preference	YES	NO
41. Generational Level	YES	NO
42. Reading Level	YES	NO

Do program evaluation procedures assess the following:

43. Family Dynamics	YES	NO
44. Extended Family	YES	NO
45. Acculturation Level	YES	NO

46. How are they being assessed?

Family dynamics: ____________________

Extended family: ____________________

Acculturation level: ____________________

47. Is cultural identity strengthening used as part of the intervention?

YES NO

48. Are you finding measurable changes for this variable (cultural identity)?

YES NO

49. Which index or scale are you using to measure this change?

____

Language

50. Are outcome instruments translated into Spanish?

YES NO

Briefly describe translation procedures. ____________________

____

____

____

Literacy

51. Approximately what percent of the participants experience problems in assessment procedures due to low literacy? __________

52. How are evaluation data collected for low-literacy participants?

____

____

Feedback

53. How are participants asked if they are satisfied with the program?

____

____

54. Does the community have the ability to provide the program with feedback regarding the program?

1. not at all able
2. somewhat able
3. very able
4. extremely able

55. How trusting is the community of the program and its staff?

1. not at all trusting	2. somewhat trusting	3. very trusting	4. extremely trusting

OUTCOME EVALUATION

Does the project outcome evaluation include the following:

56. Comparison or control group design YES NO
57. Pretest posttest design YES NO
58. Repeated measures or longitudinal design YES NO
59. Case study or ethnographic design YES NO
60. How involved is the community in designing the outcome evaluation?

1. not at all involved	2. somewhat involved	3. very involved	4. extremely involved

61. How involved is the community in designing or selecting these instruments?

1. not at all involved	2. somewhat involved	3. very involved	4. extremely involved

62. What target outcomes are being assessed?

For each target outcome list (1) the instrument used to assess the outcome; (2) whether this instrument is an existing instrument or newly developed for this project; and (3) if the instrument is administered in English or Spanish.

	OUTCOME	INSTRUMENT NAME	EXISTING/NEW	ENG/SP
a.				
b.				
c.				
d.				
e.				

If substance abuse instruments are not used, why?

63. What approaches are used to ensure the validity of the instruments for your target group?
   a. Consulting experts YES NO
   b. Pilot testing YES NO
   c. Designed within the community YES NO
   d. Other YES NO
64. What procedures are used to ensure the reliability of instruments?

Hispanic High-Risk Youth Evaluation Instruments

INTRAPERSONAL DOMAIN
Personal Factors

Instrument Description & Comments	Source	Related Information
Center for Epidemiologic Studies Depression Scale (CES-D) The CES-D is a 20-item questionnaire assessing the frequency and duration of symptoms associated with depression in the preceding week. The CES-D12 (for adolescents) consists of 12 items measuring the current level of depressive symptomatology, with emphasis on the affective component of depressed mood. Roberts (1992) found internal consistency reliability ranging from .64 to .70 among Whites, African Americans, Mexican Americans, and other Hispanic Americans.	Center for Epidemiologic Studies. Rockville, Md.: Center for Epidemiologic Studies, Department of Health & Human Services, National Institute of Mental Health. Radloff, L. The CES-D Scale: A self-report depression scale for research in the general population. *Appl Psychol Meas* 1(3):385–401, 1977.	Mahard, R. *J Gerontol* 43(1):24–25, 1988. Roberts, R. *J Nerv Ment Dis* 180(10):627–633, 1992. Roberts, R.E.; Andrews, J.A.; Lewinsohn, P.M.; and Hops, H. *Psychol Assess* 2(2):122–128, 1990.
The Child Behavior Checklist (CBCL) The 138-item questionnaire is used to achieve a standardized parents' report of children's problems and competencies. In a sample of 724 mainland children and 724 Puerto Ricans (those living in Puerto Rico), a .79 correlation was obtained for between-group scores on the CBCL.	Achenbach, T.M., and Edelbrock, C. *Manual for the Child Behavior Checklist and Revised Child Profile.* Burlington, Vt.: University of Vermont, Department of Psychiatry, 1983.	Achenbach, T.M.; Bird, H.R.; Canino, G.; Phares, V.; Gould, M.S.; and Rubio-Stipec, M. *J Am Acad Child Adolesc Psychiatry* 29(1):84–93, 1990.
Diagnostic Interview Schedule (DIS) **Diagnostic Interview Schedule for Children** (DISC) The DIS is a structured interview administered by trained lay interviewers that uses a computer program to approximate psychiatric diagnoses according to DSM-III criteria. The DISC employs children's psychiatric criteria from the DSM-III. Acceptable reliabilities have been documented with general population samples.	Robbins, L.; Helzer, J.; Croughhan, J.; and Ratcliff, K. The NIMH Diagnostic Interview Schedule: Its history, characteristics, and validity. *Arch Gen Psychiatry* 38:381–389, 1981. Costello, E.J., Edelbrock, C.S., and Costello, A.J. Validity of the NIMH Diagnostic Interview Schedule for Children: A comparison between psychiatric and pediatric referrals. *J of Abnorm Child Psychol* 13(4):579–595, 1985.	Costello, E.J. In: Last, C.G., and Hersen, M., eds. *Handbook of Child Psychiatric Diagnosis.* New York: John Wiley, Inc., 1989. pp. 28–40.
Gang Identification Scale This eight-item scale assesses the level of gang identification and involvement. Internal consistency reliability is reported as .74.	Richard C. Cervantes University of Southern California Medical School Los Angeles, CA	Hoffer, T.A., and Cervantes, R.C. Psychological effects of exposure to gang violence. In: Cervantes, R.C., ed. *Substance Abuse and Gang Violence.* Newbury Park, Calif: Sage, 1992. pp. 121–135.

INTRAPERSONAL DOMAIN
Personal Factors *continued*

Instrument Description & Comments	Source	Related Information
Health-Promoting Lifestyle Profile (Spanish Version) The HPLP measures six dimensions of health-promoting lifestyles: self-actualization, health responsibility, exercise, nutrition, interpersonal support, and stress management. The alpha reliability coefficient for the total scale is .94 and test-retest reliability is reported as .87. Alpha coefficients for the subscales range from .70 to .87 for adult students, the majority of whom were of Mexican descent.	Walker, S.N.; Sechrist, K.R.; and Pender, N.J. The Health-Promoting Lifestyle Profile: Development and psychometric characteristics. *Nurs Res* 36:76–81, 1987.	Walker, S.; Kerr, M.; Pender, N.; and Sechrist, K.R. *Nurs Res* 39(5):268–273, 1990.
The Hispanic Children's Stress Inventory (HCSI) The HCSI (Padilla 1987) was developed using small semistructured interviews with 20 Hispanic children that provided a set of psychosocial stress items specific to this population. The scale consists of 24 items that represent both chronic stressors and discrete events that appeared to be sensitive to various cultural experiences.	Amado Padilla Stanford University	Padilla, A.M. In: Berry, J.W., and Annis, R.C., eds. *Ethnic Psychology: Research and Practice.* Berwyn, Pa.: Swets North America, 1987.
Minnesota Multiphasic Personality Inventory (MMPI)—Adolescent Version A review of many studies conducted with primarily Mexican-American samples (Velasquez 1984) suggests Mexican-American profiles have consistent elevations on the depression, psychopathic deviance, and schizophrenia scales. To date no empirical investigations exist concerning the profiles of adolescent Hispanics.	Fuller, C., & Maloney, N. A comparison of English and Spanish (Nuñez) translations of the MMPI. *J Pers Assess* 48(2):130–131, 1984.	Cervantes, R.C., and Acosta, F.X. *Appl Prev Psychol* 1:209–219, 1992. Padilla, A.; Olmedo, E.; and Loya, F. *Hisp J Behav Sci* 4:451–466, 1982. Montgomery, G., & Orozco, S. *J Clin Psychol* 41(2):203–212, 1985.
Piers-Harris Children's Self-Concept Scale The 80-item scale assesses six aspects of a child's (grades 4–12) self-esteem: behavior, intellectual and school status, physical appearance and attributes, anxiety, popularity, and happiness and satisfaction.	Western Psychological Services, A Division of Manson Western Corporation, 12031 Wilshire Boulevard, Los Angeles, CA 90025.	Piers, E.V. *Piers-Harris Children's Self-Concept Scale.* Revised manual. Los Angeles: Western Psychological Services, 1984.
Spanish Revised Behavior Problem Checklist (SRBPC) The Spanish translation of the RBPC (Quay and Peterson 1987) is a parent report questionnaire that was developed using back translation and committee approaches. The 89 items of the checklist are grouped into six factor-analytically derived scales: conduct disorders, socialized aggression, attention problems/immaturity, anxiety/withdrawal, psychotic behavior, and motor excess.	Quay, H.C., and Peterson, D.R. *Manual for the Revised Behavior Problem Checklist.* Odessa, Fla: Psychological Assessment Resources, Inc., 1987.	

INTRAPERSONAL DOMAIN
Personal Factors *continued*

Instrument Description & Comments	Source	Related Information
Thematic Apperception Test (TEMAS) **for Urban Hispanic Children** A thematic apperception technique composed of 23 chromatic stimulus cards picturing Hispanic characters in urban settings. Malgady and colleagues (1984) found the TEMAS to discriminate successfully between nonclinically and clinically disturbed Hispanic children. Internal consistency and interrater reliability for personality functions and descriptive indices were moderate to high.	Malgady, R.; Costantino, G.; and Rogler, L. Development of a thematic apperception test (TEMAS) for urban Hispanic children. *J Consult Clin Psychol* 52(6):986–996, 1984.	Costantino, G.; Malgady, R.; and Vasquez, C. *Hisp J Behav Sci* 3(3):291–300, 1981. Costantino, G. *Hisp J Behav Sci* 5:199–206, 1983. Costantino, G.; Malgady, R.; Rogler, L.; and Tsui, E. *J Pers Assess* 52(4):670–678, 1988.

INTRAPERSONAL DOMAIN
School Factors

Instrument Description & Comments	Source	Related Information
Behavior Rating Profile (BRP) A teacher rating scale of school adaptive behavior. For Black, Hispanic, and White children, the BRP correlates highly with social conformity but does not correlate well with school functioning.	Brown, L.L., and Hammill, D.D. *Behavior Rating Profile: An Ecological Approach to Behavioral Assessment*. Austin, Tx.: Pro-Ed, 1978. Keller, H. In-school adaptive behavior: Assessment domains of behavior rating scales and child characteristics. *J Psychoeduc Assess* 4(1):1–12, 1986.	Glutting, J.; Barker, W.; and Gelardo, M. *J Psychoeduc Assess* 1(3):261–271, 1983.
California Achievement Tests (CAT) Concentrates on educational skills such as reading, arithmetic, spelling, and language usage. Powers and Jones (1984a) found the test to be reliable across grades (fifth and seventh) and race-sex combinations (Hispanic, Black, and White). No Spanish versions are available.	CTB/McGraw-Hill. *California Achievement Tests*. Monterey, Calif.: Author, 1977.	Powers, S., and Jones, P. *Educ Psychol Meas* 44(4):967–970, 1984a. Powers, S., and Jones, P. *Educ Psychol Res* 4(4):221–224, 1984b.
Cooperative Preschool Inventory (CPI) A 64-item scale designed to measure the achievement of 3- to 6-year-old children in areas related to school success. Powers and Medina (1984), in a sample of 262 Hispanics, found test-retest correlations of the CPI-English (r = .75) and the CPI-Spanish (r = .69).	Caldwell, B.M. *Cooperative Preschool Inventory: Revised Edition*. Menlo Park, Calif.: Addison-Wesley, 1970. Caldwell, B.M. *Cooperative Preschool Inventory: Spanish Edition*. Menlo Park, Calif.: Addison-Wesley, 1974.	Powers, S., and Medina, M. *Educ Psychol Meas* 44(4):963–966, 1984.
The Escala de Inteligencia Wechsler para Niños-Revisada (EIWN-R) The EIWN-R Spanish version of the Wechsler Intelligence Scale for Children–Revised (WISC-R), translated by the Psychological Corporation. Prewitt Diaz and colleagues (1986) found the EIWN-R to be a reliable instrument for Puerto Rican children and adolescents. Alpha coefficients of reliability for verbal subtests ranged from .53 to .80, alpha coefficients for performance subtests .47 to .92, and a total test coefficient of .92 was reached.	Wechsler, D. *Escala de Inteligencia para Niños-Revisada (Edicion de Investigacion)*. New York: The Psychological Corporation, 1982.	Clarizio, H. *Psychol in Schools* 19(1):61–71, 1982. Taylor, R., and Zielger, W. *Psych in Schools* 21(4):437–441, 1987. Prewitt Diaz, J.; Rodriguez, M.; and Rivera Ruiz, D. *Educ Psychol Meas* 46(2):401–407, 1986. Rodriguez, V., and Prewitt Diaz, J. *Psychol Rep* 66(2):563–566, 1990.

INTRAPERSONAL DOMAIN
School Factors *continued*

Instrument Description & Comments	Source	Related Information
McCarthy Scales of Children's Abilities (MSCA) The test is composed of 18 subtests that are grouped into six scales: verbal, perceptual-performance, quantitative, general cognitive index, memory, and motor. Reliability coefficients ranged in the high .80's and .90's.	McCarthy, D. *Manual for the McCarthy Scales of Children's Abilities.* New York: Psychological Corporation, 1972.	Valencia, R. *Hisp J Behav Sci* 10(2):81–104, 1988.
Peabody Picture Vocabulary Test–Revised (PPVT-R) Screening measure to assess receptive vocabulary. The test yields a mental age, percentile rank, and a standard score. **Peabody Picture Vocabulary Test–Revised** (Spanish Version) **Test de Vocabulario en Imagenes Peabody** (TVIP-H) The TVIP-H is a Spanish adaptation of the PPVT-R and is normed on Spanish speakers from Mexico and Puerto Rico.	Dunn, L., and Dunn, L. *Peabody Picture Vocabulary Test-Revised.* Circle Pines, Minn.: American Guidance Service, 1980. Dunn, L.; Padilla, E.; Lugo, D.; and Dunn, L. *Test de Vocabulario en Imagenes Peabody-Adaptaciou Hispanoamericana.* Circle Pines, Minn.: American Guidance Service, 1986.	Bracken, B., and Prasse, D. *J School Psychol* Winter 19(4):304–311, 1981. Umbel, V.; Pearson, B.; Fernandez, M.; and Oller, D. *Child Dev* 63(4):1012–1020, 1992.
Standard Progressive Matrices Test (SPM) This matrices test is a nonverbal ability test for students from culturally diverse backgrounds. The test is used when cultural and linguistic factors prevent the use of other intellectual measures. Reliability estimates ranged from .61 to .74 for Hispanics.	Raven, J.C. *Standard Progressive Matrices.* London: H.K. Lewis, 1958.	Barkin, J., and Jones, P.B. *Percept Mot Skills* 62:348–350, 1986.
Strong-Campbell Interest Inventory (SCII) The SCII (Spanish and English versions) measures Holland's six vocational personality types and has 162 occupational scales that compare a person's interests with those of people in a wide range of occupations.	Campbell, D., and Hansen, J. *Strong-Campbell Interest Inventory.* Palo Alto, Calif.: Stanford University Press, 1981.	Fouad, N.; Cudeck, R.; and Hansen, J. *J Couns Psychol* 31(7):339–348, 1984.
The Suinn Mathematics Anxiety Rating Scale for Hispanic Elementary School Students (MARS-E) The MARS-E is made up of 26 items that reflect the degree of anxiety experienced by children in a variety of math-related situations, both inside and outside the classroom. Internal consistency reliability (Cronbach's alpha) for a sample of Hispanic children was .88.	Suinn, R.; Taylor, S.; and Edwards, R. The Suinn mathematics anxiety rating scale for Hispanic elementary school students. *Hisp J Behav Sci* 11(1):83–90, 1989.	

INTERPERSONAL DOMAIN
Family Factors

Instrument Description & Comments	Source	Related Information
Family Adaptability and Cohesion Evaluation Scale (FACES II) FACES II was designed to assess individuals' perceptions of their families. In a sample of 464 adults, the internal consistency reliability for cohesion was .91 and .80 for adaptability.	Olson, D.H.; Portner, J.; and Bell, R. *Family Adaptability and Cohesion Evaluation Scales.* St. Paul, Minn.: Family Social Sciences, University of Minnesota, 1982a.	Olson, D.H.; Portner, J.; and Bell, R. *FACES III.* St. Paul, Minn.: Family Social Sciences, University of Minnesota, 1982b.
Family Environment Scale (FES) The FES was developed to assess family social environment in families from a variety of sociocultural and ethnic backgrounds. Munet-Vilaro and Egan (1990) found alpha for the different scales ranging from .20 to .49.	Moos, R., and Moos, B. *Family Environment Scale Manual.* Palo Alto, Calif.: Consulting Psychologist Press, Inc., 1986.	Munet-Vilaro, F., and Egan, M. *Nurs Res* 24(1):65–82, 1990.
Family Pride Scale The Family Pride Scale was developed on a large sample of Hispanic boys. The scale measures *respeto* (family respect).	Vega, W.A.; Zimmerman, R.S.; Warheit, G.J.; Apospori, E., et al. Risk factors for early adolescent drug use in four ethnic and racial groups. *Am J Public Health* 83(2):185–189, 1993b.	Vega, W.A.; Gil, A.G.; Warheit, G.J.; Zimmerman, R.S., et al. *Am J Community Psychol* 21(1):113–125, 1993a.
Hispanic Stress Inventory (HSI) The HSI assesses psychosocial stress among Hispanic adults in five dimensions: marital stress, occupational/economic stress, parental stress, immigrant stress, and family/cultural stress. The family/cultural stress scale assesses family environment (e.g., how one gets along with other family members) and cultural influences (e.g., how practicing different customs has caused problems in the family).	Richard C. Cervantes University of Southern California School of Medicine Department of Psychiatry and Behavioral Sciences 1937 Hospital Place Los Angeles, CA 90033	Cervantes, R.C.; Padilla, A.; and Salgado de Snyder, N.S. *Hisp J Behav Sci* 12(1):76–82, 1990. Cervantes, R.C.; Padilla, A.; and Salgado de Snyder, N.S. *Psychol Assess* 3(3):438–447, 1991.
Parental Attitudes Toward Child-Rearing Questionnaire (PATCQ) (Spanish and English Versions) A total of 51 items were grouped into four reliable subscales with acceptable internal consistency: warmth, encouragement of independence, strictness, and aggravation.	Goldberg, W., and Easterbrooks, M.A. Role of marital quality in toddler development. *Dev Psychol* 50:504–514, 1984.	Rauh, V.; Wasserman, G.; and Grunelli, S. *J Am Acad Child Adolesc Psychiatry* 29(3):375–381, 1990.
Parenting Stress Index (PSI) (Spanish Version) The PSI consists of three subscales that factor into three categories: child domain, parent domain, and life stress scale.	Abidin, R.R. *PSI Manual.* 3rd ed. Charlottesville, Va.: Pediatric Psychology Press, 1990.	Solis, M., and Abidin, R. *J Clin Child Psychol* 20(4):372–378, 1991.

INTERPERSONAL DOMAIN
Peer Factors

Instrument Description & Comments	Source	Related Information
American Drug/Alcohol Survey–Peer Relationship Subscale This subscale measures peer use of alcohol and drugs as well as peer attitudes and sanctions regarding these behaviors. The subscale has been reported to have good predictive validity.		Peters, V.; Oetting, E.; and Edwards, R. *Drugs Society* 7(1–2):9–29, 1992.
Gang Identification Scale This scale measures the level of gang identification and involvement. The eight items have a reported internal consistency reliability of .74.	Richard C. Cervantes University of Southern California School of Medicine Department of Psychiatry and Behavioral Sciences 1937 Hospital Place Los Angeles, CA 90033	Hoffer, T.A., and Cervantes, R.C. Psychological effects of exposure to gang violence. In: Cervantes, R.C., ed. *Substance Abuse and Gang Violence.* Newbury Park, Calif.: Sage, 1992. pp. 121–135.
Gang Membership Inventory (GMI) The GMI was developed specifically for use with high-risk youth. This inventory consists of 15 true-false items, with a coefficient alpha of .83.	Michelle Pillen and Renee Hoewing-Roberson Chestnut Health Systems 702 W. Chestnut St. Bloomington, IL 61701	Pillen, M.B., and Hoewing-Roberson, R.C. *Determining Youth Gang Membership: Development of a Self-Report Instrument.* Bloomington, Ill.: Chestnut Health Systems, 1992a.

INTERPERSONAL DOMAIN
Community and Cultural Factors

Instrument Description & Comments	Source	Related Information
Acculturation Rating Scale for Mexican Americans (ARSMA) The ARSMA differentiates five distinct types of Mexican Americans based on level of acculturation: very Mexican, Mexican-oriented bicultural, "true" bicultural, Anglo-oriented bicultural, and very Anglicized.	Cuellar, I.; Harris, L.; and Jasso, R. An acculturation scale for Mexican-American normal and clinical populations. *Hisp J Behav Sci* 2:199–217, 1980.	Malgady, R.G.; Rogler, L.H.; and Costantino, G. *J Consult Clin Psychol* 58(4):469–474, 1990.
Children's Hispanic Background Scale (CHBS) A 30-item acculturation scale for Hispanic children. Martinez and colleagues (1984) found test-retest reliability was .92, and validity correlations were .50 with a school bilingual scale.	Ralph D. Norman Dept. of Psychology University of New Mexico Albuquerque, NM 87131	Martinez, R.; Norman, R.; and Delaney, H. *Hisp J Behav Sci* 6(2):103–112, 1984.
Client Satisfaction Questionnaire (CSQ-8) An eight-item scale used to measure client satisfaction in a variety of service-providing settings. Roberts and colleagues (1983) found the CSQ-8 to operate the same for Whites, Blacks, persons of Mexican descent, and persons of other Hispanic origin. Using Hispanic samples, reliability coefficients reportedly ranged from .90 to .94.	Roberts, R.; Attkisson, C.; and Stegner, B. A client satisfaction scale suitable for use with Hispanics. *Hisp J Behav Sci* 5(4):461–476, 1983.	Roberts, R.E.; Attkisson, C.C.; and Mendias, R.M. *Hisp J Behav Sci* 6(4):385–395, 1984.
Hispanic Stress Inventory (HSI) The HSI has been established as a culturally appropriate measure of psychosocial stress. The immigration stress subscale emphasizes difficulties experienced as a result of immigration and problems faced as an immigrant. The subscale taps problems of institutional and community racism. Internal consistency reliability was found to be .85.	Richard C. Cervantes University of Southern California School of Medicine Department of Psychiatry and Behavioral Sciences 1937 Hospital Place Los Angeles, CA 90033	Cervantes, R.C.; Padilla, A.M.; and Salgado de Snyder, N.S. *Hisp J Behav Sci* 12(1):76–82, 1990.
Latino Youth Acculturation Scale (LYAS) The LYAS was specifically designed for use with youth. The scale consists of 23 items in four areas: language, media, food, and cultural activities. Using a sample of Hispanic youth, the subscale reliabilities ranged from .75 to .95.	Michelle Pillen and Renee Hoewing-Roberson Chestnut Health System 702 W. Chestnut St. Bloomington, IL 61701	Pillen, M.B., and Hoewing-Roberson, R.C. *Determining Youth Gang Membership: Development of a Self-Report Instrument.* Bloomington, Ill.: Chestnut Health Systems, 1992a.

INTERPERSONAL DOMAIN
Community and Cultural Factors *continued*

Instrument Description & Comments	Source	Related Information
The Multigroup Ethnic Identity Measure (MEIM) The MEIM consists of 14 items assessing three aspects of ethnic identity: positive attitudes and a sense of belonging, ethnic identity and achievement, and ethnic behaviors. Internal consistency reliability was .81 for the 14-item scale. Self-esteem was found to be related to ethnic identity among high school and college students.	Phinney, J. The Multigroup Ethnic Identity Measure: A new scale for use with diverse groups. *J Adolesc Res* 7(2):156–176, 1992.	
Short Acculturation Scale A 12-item scale that measures acculturation on three factors: language use, media, and ethnic social relations. An alpha coefficient of .92 was obtained in sample of 160 Mexican Americans, 21 Cubans, 7 Puerto Ricans, and 175 Other Hispanics.	Marin, G.; Sabogal, F.; Van Oss Marin, B.; Otero-Sabogal, R.; and Perez-Stable, E. Development of a short acculturation scale for Hispanics. *Hisp J Behav Sci* 9(2):183–205, 1987.	
Tricultural Attitude Scale (Childhood and Adolescent Versions) This modularized measure is designed to indicate attitudes and knowledge regarding Puerto Rican, White, and Black American cultures.	Learning Concepts 2501 North Lamar Austin, TX 78705	Zirkel, P.A. Self-concept and the "disadvantage" of ethnic group membership. *Rev Educ Res* 41:211–225, 1971.

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